

# THE AMERICAN JOURNAL OF NURSING

VOL. XXI

JANUARY, 1921

No. 4

---

## EDITORIAL COMMENT

### PRIVATE DUTY NURSING

What is wrong with private duty nursing? Or is there nothing wrong? The letters sent us for publication, the articles written for private duty sections, the discussions heard at meetings and in private, all seem to show that private duty nurses are at present suffering undue hardships from which they should be relieved.

What are their grievances? They are enumerated thus: long hours of work, over fatigue, monotony, inadequate salaries, no opportunities for advancement in work or for self improvement, bearing the blame for doctors' mistakes, unnecessary and unappreciated self-sacrifice.

These topics would be excellent subjects for discussion at nurses' meetings, if only both sides are looked at squarely. The trouble is that when we get to pitying ourselves, we forget there is another aspect and dwell on the one which to us looms largest.

Private duty nursing has suffered from the campaign for hospital and training school executives and for public health nurses. So much emphasis has been laid on these branches as needing the very best nurses we have, that by inference, we might assume that private duty may be neglected or that the left overs from other lines of work would be acceptable here. This is not so. There is no one branch of nursing which is more important than any other; there is none which may safely be neglected. Women who graduate from schools of nursing have different kinds of aptitude and ability. Some are natural executives or teachers, some are born philanthropists with a fondness for the study of social conditions. For these the paths are plainly marked out. There are others who are born nurses, as well as trained nurses. It is their delight to go to a sick, uncomfortable, miserable, suffering creature and by their skill, intuition, sympathy, and understanding, transform his condition. They love the long fight from the dark hours of illness through to health. They can stick closely to the desperate case, keeping up any ray of courage or hope, making

every step of the way as comfortable as possible, never leaving their charge until death parts them. Such women are real nurses, whether working among the rich or the poor. They are sorely needed and they will always be needed. We cannot possibly do without them.

What can we do to make their pathway easier? The best of them are thinking of others, not of themselves; they are not the ones who speak of unappreciated sacrifice. They would say, if you asked them, that they were over appreciated. As a rule we get out of life what we put in,—brim full and running over.

The salaries of private duty nurses have been raised all over the country; it was right that they should be. Their expenses have gone up during the war and after it, as have those of other people. It is right for nurses' associations to consider fairly what a good nurse should command as pay for her services and to adopt a schedule which will make these rates definite, so that all may understand. These rates will always have to be like a speed limit, however. They should represent the maximum which may be charged by nurses sent out by an association or a nurses' directory. They should never represent what the nurse *must* charge. She should be free to charge less when circumstances demand it, and if she wishes to do so. There should be a wide margin for suiting the charges to conditions, both for the sake of the public and for the sake of the nurse. We cannot lessen the hours of duty and increase our rates, all at once, or we shall find that only millionaires can afford to have us care for their sick.

One way of helping people of the middle classes who cannot pay the high rates for all-day service is by the establishment of hourly nursing. We should have, in connection with each nurses' directory, a staff of nurses who do hourly nursing all the time or who are willing to do it while waiting for cases. This would cover part of the need of the community, but not all.

We should not look too enviously on the wages earned by washer-women and cooks and think that we should earn more, because we have greater ability and larger education. It is aggravating, indeed, but the same inequality applies between college professors and hod-carriers. Part of our compensation must lie, always, in the satisfaction of the work we are doing. The earnings of professional people are not now and may never be as large, in proportion, as are those of the day laborer.

What can we do about the long hours of private duty? Those, too, can be regulated by concerted action between nurses' associations, directories, and hospitals. Twelve-hour duty, where the nursing is continuous, is as needed in private duty as for student nurses. For special cases in hospitals, the rule of twelve-hour duty can be



established and maintained. For cases in homes, the process must be slower and must be largely a result of education. For acute illness in families of ample means, twelve-hour duty should be asked for and obtained. For people of moderate means and in cases where the nursing is not continuous, where there is little night work,—to demand twelve-hour duty might be very unfair, indeed, impossible. We must always adapt our requirements to the circumstances of the particular case.

What about monotony and the impossibility of advancement in nursing or other lines of work? To the real nurse, the one who is keenly interested in nursing and in humanity, there is no monotony. Each case is a new nursing problem, each patient is a new individual, each family forms a new world,—all keenly interesting and many most delightful. Nurses need two qualities which seem contradictory but which complement each other. They need such absorption in their work that while on duty their heart is there. They need such wide general interests that between cases they will find plenty to interest and occupy them, both for their own sakes and for their patients. It is not impossible for private duty nurses to take advanced courses, if they will plan for it, nor to enter other lines of nursing work if they prepare themselves properly for them. We know those who have done and are doing it.

Are private duty nurses blamed for the mistakes of physicians? That is a new topic for thought for us. It might be matched by another. Does the physician ever bear silently, as if it were his own, the blame for some error on the part of the nurse, rather than involve her? What we want to be sure of is that we are not at fault.

Next month we shall publish an article by Miss Maxwell describing the conditions which obtained when she had her training as a nurse in the early days of our training schools. At the close, she asks some questions which we ask all nurses to consider carefully, as to hardships, real or imaginary.

We believe if we could hear the voices of all the private duty nurses of the country, we should find many that are contented ones. Those who feel that their lot is an exceptionally hard one, should really try some other kind of nursing for a time. They might come back to their own corner better satisfied to count their blessings and to work reforms slowly.

We are not speaking theoretically, when we comment on the lot of the private duty nurse. Sixteen years of private duty nursing, most of the time on what is called twenty-four hour duty, made us proud of belonging to that branch of our profession.

*K. De W.*

**"MISTAKEN METHODS FOR MEETING THE SHORTAGE OF NURSES"**

Under this heading, last month, we commented on the proposed plan of the Wisconsin League of Nursing Education to provide for two classes of graduate nurses. We are glad to report that on further consideration, the League members have decided not to pursue this plan.

We can understand, in a way, the frantic efforts of unsuccessful schools to gain more pupils by lowering their standards, but it is inconceivable that a school which has always had students, and those of the highest class, which has been one to lead the way in progressive nursing education, should consider shortening its length of training and of curtailing its curriculum,—not because it is in need of students, but because members of the board of directors have decided this should be done. Cannot the alumnae association of such a school rise in protest? Possibly their voice would carry greater weight in such a case than does that of the nursing staff.

Or perhaps this school is destined to be an object lesson for the rest of the country. Possibly a general exodus from its doors of desirable applicants would prove what we believe to be true,—that a good school will attract students, and that a poor one cannot attract or retain them.

**THRIFT**

The Government is urging all good citizens to observe Thrift Week, January 17-23, by giving greater thought to their own systems of expenditure and by using their influence with others to put aside some portion of their earnings, regularly, toward the rainy day which is so likely to be on the horizon.

A budget is an almost indispensable aid to thrift,—for our organizations, and for ourselves as individuals. If we classify our income and our expenditures for the past year and then make a budget for the coming year, based on what we may expect to earn and on our necessary expenses, we shall be much more likely to have something to save, and something to share, than if we use our money as it comes, in a haphazard way. It is a very good thing to look back over our accounts at the end of each month and so keep ourselves continually reminded of how we have apportioned our income and how we are living up to that apportionment.

Some other topics for consideration during Thrift Week, beside that of budget making, are suggested by the Industrial Department of the Young Men's Christian Association, as follows: Life Insurance, Owning a Home, Making a Will, Paying Bills Promptly, and Sharing

with Others. All of these would form good subjects for discussion in alumnae meetings or in students' class meetings.

#### THE MEMORIAL FUND

We feel like beginning this comment with three cheers,—for the Memorial Fund of \$50,000 is completed. Not only that, but we have passed the goal. The JOURNAL is glad to have been able to act as treasurer and to have contributed, as its share, the clerical work, postage, and stationery needed for this office.

Miss Albaugh, who has been indefatigable in her efforts to bring the fund to the attention of nurses all over the country, asks space for a final word on behalf of the Joint National Committee, as follows:

The Memorial Fund for the Nightingale School at Bordeaux, France, is now oversubscribed and those responsible for the work of the accumulation of this Fund want to express their gratitude to the nurses and friends for their loyal support in this undertaking. Words of congratulation and appreciation have come to us from many sources, expressing heartily one opinion, that the response to this movement has been most wonderful, and characteristic of the American nurse.

The following is an extract from a letter recently received from Lyda Anderson, who is associated with Helen Scott Hay, at the Paris office of the American Red Cross Nursing Service, and while it gives only her personal impressions of the purpose and location of the Memorial to our nurses who died in the service of their country, we feel that it belongs to those who have made possible this tribute, and greatly illuminates the picture we have all carried in our minds:

"I made a trip to Bordeaux for the Committee one day last week, and I wish I could write a long story of my visit in this hospital and training school. If you only could see the perfectly beautiful grounds that have been given them for the nurses' home and a new hospital, very spacious, about sixteen acres, just on the outside of the city limits, beautiful old trees of many varieties, and the grounds so planned as to make you wish to go out there and live. I have seen the plans of the home for the Florence Nightingale School, and I have a picture in my mind now of this memorial, which is going to be so fit, and just what the American nurse will be tremendously proud of. The last word was that there were possibilities of the ground being broken at once for the school, and then it was thought that Miss Noyes might be present at the laying of the cornerstone."

#### THE RELIEF FUND

This is not a new plea for contributions, though we hope the Relief Fund may be the next to be augmented. However, we need to take a long breath before falling enthusiastically to the support of any new fund or even of an old and honored one. This is a plea for a better method of sending in contributions and of giving receipts. The country has now been so well mapped out in state and district associations, that it should be possible to do the Relief Fund work largely through our state committees. State chairmen of Relief Fund Committees are asked to work through the districts to collect funds, and to send

receipts to all donors. They should then send what they have received, in a lump sum, once a month, if possible, to the treasurer of the national committee, Mrs. C. V. Twiss. For years Mrs. Twiss has been sending individual receipts and notifications, until the work has grown so large that it is hard to keep up with it. We know the nurses of the country will be glad to help relieve her of this detail work by sending contributions through their state chairmen.

If you do not know who is chairman of your state committee, ask your state officers, or ask the secretary of the national committee. The official directory which appeared in the December JOURNAL should be kept for reference, as it may not be published again until March.

Many letters of inquiry have come to the chairman of the Relief Fund Committee, asking about "homes," boarding houses, sanatoria, etc., where nurses can be cared for who are ill, but not helpless, and who can pay from \$10 to \$20 a week. Will those who know of such places, send the addresses to Miss E. E. Golding, 317 West 45th Street, New York City?

#### BE SURE OF YOUR AUTHORITY

Our attention has several times been called to the fact that our national associations are being quoted at times as sponsors for undertakings with which they have no connection or of which they do not approve. We believe it must be ignorance, not deliberate misrepresentation, which causes officers of affiliated organizations to quote the higher body as authority for some measure they wish to put through. There is one way of making sure, and that is to refer the matter to the national officers whose addresses are published in the Official Directory of this JOURNAL every three months.

#### THE INTERSTATE SECRETARY FUND

M. Helena McMillan, Presbyterian Hospital, Chicago, is chairman of the Committee appointed by the League to secure funds for the continuation of the work of an interstate secretary. Miss McMillan asks that all state associations report to her at once what has been done in this matter, stating the amount of money raised or to be raised, so that she may make a report at the January directors' meeting.

#### ANOTHER JOURNAL INCREASES ITS PRICE

*The Pacific Coast Journal of Nursing* has been obliged to raise its subscription rate from \$2.00 to \$2.50.

It is very encouraging to note the good humor and good understanding with which our subscribers have accepted our necessary increase in price. Many have taken advantage of our renewal offer at the old rate, and many others have been sending \$3 during December, as if the rate were advanced at once. All such are given the full worth of their subscription at the old rate.



## FRAUDULENT SOLICITORS

A superintendent of nurses in New York City writes us that she gave her JOURNAL subscription to an unknown agent and that she has not received her magazine. As the man is unknown to us, it is probable that he is another of the imposters who go about to training schools representing themselves as agents and pocketing for their own use what is put in their hands. We wish that each alumnae association would appoint one representative to take JOURNAL subscriptions. Then the busy hospital people would not be losing money in this way. A word to the wise should be sufficient.

## ALUMNAE SUBSCRIPTIONS

A still better suggestion is that each alumnae association which finds the JOURNAL of value should include the subscription price in its association dues, as Miss Fulmer of Illinois, and Miss Greaney and Mrs. Roth of Pennsylvania suggest should be done as a memorial to Miss Palmer.

May we quote Miss Palmer's own words on this subject at the last convention she attended?—that at Cleveland, in 1918:

I have often said that I do not want any kind of memorial or any sort of effort made to show honor for me after I pass away. With the exception of six months, a few years ago, when I took time to have a little illness, I have been in some kind of nursing work for forty-one years, and I think that beats the record of anybody here.

I want as my memorial for the work that I have done as a pioneer in this country/in helping to establish training schools where there were none, in helping to organize the League and the American Nurses' Association, and in helping to obtain state registration and to create this magazine, to see before I die the Journal included in the alumnae dues, as a matter of routine, and in the hands of every member of every association in this country. This is what I ask you to do for me, and do it now, so that I may have the pleasure of knowing that it is done.

This living memorial to Miss Palmer was accomplished only in part during her lifetime, by Alabama, Oklahoma, a large portion of Pennsylvania, and for a time by South Dakota. Who will add to this memorial now?

## JOURNAL ADVERTISERS

A large majority of the hospital superintendents of the country are women, and they have in their hands the purchasing of supplies for their institutions. We wish to ask all such whether they will coöperate with the JOURNAL to increase still further the value of its advertising pages. First, when some new appliance is to be purchased, look through the JOURNAL advertising section and see whether it is to be found there. If it is, make that firm one of those to whom

you write, and be sure to say you are doing so because you saw its advertisement in the JOURNAL. Second, if there is some very good and helpful appliance in use in your hospital or school, which is not advertised in the JOURNAL,—write and tell us what it is and where you get it,—then write the firm and ask them why they do not advertise in the JOURNAL, which is the official organ of the American Nurses' Association and of the National League of Nursing Education. Even a letter of inquiry about an advertisement is a help to the magazine in which that advertisement has appeared, if it is mentioned by name, because it shows the advertiser that these pages are read by those who are in the habit of making purchases. We shall be very greatly obliged for help of this kind.

#### ADDRESSES WANTED

Will "L. M. F.," who wrote a Letter to the Editor, published in the JOURNAL of May, 1920, send us her full name and address? We have mislaid these and are unable to forward a communication which has been sent to us for her.

An "anxious mother" asks for the address of a nurse, Miss Daly, who was on duty at Dartford, England, during the early part of October, 1918. Information is requested concerning Private Patrick J. Devanney, Co. E, 308th Infantry, a patient there, at that time. He has not been heard from for two years. Any nurse who may have knowledge of him is asked to communicate with his mother, Mrs. Sarah Devanney, 376 East 143rd Street, New York.

---

#### SOME OBLIGATIONS OF THE LATTER-DAY NURSE

"The Alumnae," a monthly paper published by St. Luke's Alumnae Association of Chicago, has in its November issue an excellent article on the above subject by Harriet Fulmer. Her suggestions, abridged, are as follows:

1. To enter the training school of her choice, looking upon it as an educational institution.
2. During her student term, to find out all she can about the various branches of nursing and to fit herself for her specialty.
3. To make herself familiar with registration and to become a registered nurse.
4. To join her alumnae association on graduation, becoming at the same time a member of district, state and national.
5. To subscribe to and read professional journals. (Those suggested are The American Journal of Nursing and the Public Health Nurse.)
6. To help maintain the Nurses' Relief Fund. (Miss Fulmer names also the Nightingale Fund, now completed, and the Isabel Hampton Robb Memorial Fund. This latter fund welcomes subscriptions but does not seek them.)

## SHOULD INSTRUCTION IN TUBERCULOUS NURSING BE GIVEN DURING TRAINING<sup>1</sup>

BY JOHN WALTER HOUSTON, M.D.

*Biltmore, N. C.*

Is it advisable to extend the training of a nurse to include a course of instruction in the care of tuberculous patients?

I believe it is advisable and shall attempt to show the need for special training by calling attention to some facts concerning this disease which is the oldest, most widespread, and most destructive known to man. Until a comparatively recent date little attention was paid by the medical profession to the disease, as it was considered incurable, unpreventable, not infectious, and therefore uninteresting.

An awakened medical profession is now, and has been for the past few years, endeavoring through organizations of various kinds to teach the public that tuberculosis is curable and that if intelligent coöperation of the public can be secured the dreaded disease can be blotted out.

Is it conceivable that our nurses want no part in this movement?

Is it fair to the trained nurse to send her out without any knowledge of the disease that is responsible for one death in every ten in the United States?

One death in every ten means that ten million of our one hundred million will die of tuberculosis unless this ratio is decreased. Tuberculosis claims most of its victims during the working years and the maximum percentage of deaths occurs during the years from twenty to thirty, when one death out of every three is due to it. To-day we know that at least ninety per cent of our population is affected or has been affected with it.

We believe that the child is born free from tuberculosis and that he becomes infected through close contact with active cases. We believe that practically all infection occurs during childhood and that it often remains latent until body resistance is so lowered by overwork, abuse, or acute disease that the tubercle bacilli are allowed to become active. We believe that this infection during childhood produces immunity of such a nature that the adult is, as a rule, immune to further infection by ordinary contact with the disease. We believe that practically every case of tuberculosis is curable if taken

<sup>1</sup> Read before the North Carolina State Nurses' Association, Charlotte, N. C., June, 1920.

in time. We believe that poverty and ignorance are the chief allies of the tubercle bacillus.

We know that a large percentage of those who apply for admission into sanitariums are in the advanced stages of the disease. Nearly 100 per cent could have been saved had they been seen in time.

To-day, through the National Tuberculosis Association and similar organizations, ministers, teachers, social workers, labor union officials and others are being enlisted to spread knowledge of the prophylaxis and cure of tuberculosis. Less than two per cent of the known tuberculous patients are treated in sanitariums and hospitals; the remaining 98 per cent are very largely uncared for, undirected, and are allowed to become a menace to their families and their communities.

Can there be any argument against training our nurses so that each year, as we send out 20,000 new ones, they may aid in this work of spreading the gospel of health? The only argument I have ever heard against their being so trained is that we have no right to expose them to the disease. I ask you, have we the right to prevent their learning how to protect themselves and their patients? It is a well known fact that nurses and attendants in sanitariums, as well as physicians, do not contract the disease, even after years of service, in any greater proportion than they do while following other lines of work in their professions.

In the training schools of to-day there is a splendid and far reaching opportunity to make the nursing profession a potent factor against the spread of tuberculosis. Into the minds of the students should be instilled such a practical knowledge of the cause and effect as shall tend for the same wise treatment of this great scourge as is given the other diseases of bacterial origin. There should be no more dread of attending a case of pulmonary tuberculosis than of a septic surgical case. When a nurse objects to caring for a tuberculous patient because of fear of contracting the disease, it is evident she has not had the proper instruction in her school, or that she is lacking in intelligence such as is demanded of an efficient nurse.

If freedom from worry, proper rest, wholesome food, and fresh air are the principal aids in the battle against tuberculosis, then the nurse who brings about and maintains these conditions carries her armor with her and is in a position to do justice to herself and to perform intelligent service for her patient.

Tuberculosis nursing is essentially different from the work of the graduate nurse in other branches of the profession, tuberculosis being a disease of a chronic type, often with few active symptoms; nevertheless, the patient may be under the care of a nurse for months,



and while the physical needs are most important, the mental and moral welfare of the case must also be considered. Only the nurse fitted by temperament and an understanding of the special needs of these patients will fully succeed.

With the constant increase in scope of the medical-social service, there is a broad field for the nurse trained in the specific needs of the tuberculous. The public health nurse must not only be technically educated for the work, but must be qualified by character to give her patients and the general public a conception of higher living. Instructions given by the physician in charge for the conduct of the patient's daily life, even though accompanied by printed pamphlets, are apt to fall on unheeding ears. With the best of intentions the patient will be careless and neglectful and will allow the idle talk of neighbors and relatives to carry more weight than the injunctions of the doctor. Matters of the utmost importance, from the standpoint of medical experience, appear trifling in his eyes because he does not comprehend their working.

The visiting nurse whose training has been sufficiently thorough, while making herself acquainted with home conditions of the patient, can talk uninterruptedly with the family, can explain the necessity for the observance of the rules given by the doctor, can encourage the patient to persist in his rest and can oppose the heresy that what the patient needs is exercise. She can teach them and show them how to properly ventilate sleeping quarters; explain how to prevent others being infected, and direct them how to improve hygienic conditions. She will discover foci of infection in the neighborhood, will lead suspected cases to the clinics for examination, and will accomplish results that can be obtained by no other individual than the trained nurse. The doctor is at arm's length from these patients but the visiting nurse can see what is going on in the home and can get things done.

In our own state, the need for trained social workers is very great, not only in our mill districts in the cities, but in the little mountain cabins where large families live under the most unhygienic conditions; often a dozen persons are found eating and sleeping in the one room. Here, in spite of good pure air and sunlight, the tubercle bacilli thrive. Ignorance and superstition prevent their seeking aid. They believe, for example, that the "phthisic" child can be cured by splitting a sorrel wood sapling and passing the child through the opening, then binding the tree up so that it will grow together again.

In these isolated sections medical aid is difficult to obtain and mortality runs high. But important as is medical aid, trained public health nurses would be of more importance to them.

It has been the intention to show in this paper that there is a very definite need for specialized tuberculosis nursing; special training is

therefore necessary. This training should be provided as a part of the general training received in our schools. Provision for affiliation with sanitariums and hospitals caring for tuberculous patients should be made until the time when an educated public will provide this large group of patients with suitable wards or buildings connected with our general hospitals. Then, and only then, shall we be able to handle the tuberculosis problem intelligently.

---

## CARE OF THE PATIENT BEFORE, DURING AND AFTER ANESTHESIA

BY JULIA M. SIEKE, R.N.

*Philadelphia, Pa.*

Aside from the anesthetist's technique, there are other factors upon which depend the success of the administration of, and a speedy and uneventful recovery from, anesthesia. The preparation is one of the most important factors, and as preparations go to-day, there is not much gain for the patient. The patient's temperament, his general condition, the nature of the operation, the anesthetic used and the amount used, the duration of anesthesia and the patient's state of mind—all play an important part in regard to the recovery, and also in regard to shock.

There ought not to be a routine preparation for anesthesia. Every patient should receive special consideration, aside from the preparation of the surgical field, and the anesthetist should look after it. The nurse anesthetist is handicapped, because she is allowed to do only half of the work she should be doing. The anesthetic and the preparation for it do not get sufficient consideration. No one really thinks very much about it and it is usually entirely forgotten that she has any interest in the preparation. There are opportunities, frequently, when the anesthetist could do something to make a patient more comfortable, but, "it is not routine." The speed with which the patient recovers, depends much upon the anesthetist's technique, but it must be remembered that her technique cannot overcome something that has been overlooked in the preparation.

The attending physician, the surgeon, the operating room nurse, the attending nurses, and the anesthetist, make up the surgical team, each one of whom is interested in his or her own particular part of the procedure. There is one common interest, however,—the welfare of the patient. In order to gain the best possible results, this surgical team should be intact; where one fails, all fail, more or less.

The nurse who prepares the patient for operation can do a great deal toward his comfort and peace of mind, and all these little things count. She should be tactful, she should show an interest, far from alarm, even if there is, apparently, no hope; she should gain his confidence and divert his attention by giving him something else to think about than the impending operation. She should impose calm by being calm, herself, and should keep him at his ease by avoiding rush and hurry and allowing nothing to be said or done which will alarm or frighten him. A hot, cleansing, bed bath, when not contra-indicated, ought to be considered one of the important features of the preparation. Besides making the patient more comfortable, it helps toward recovery by increasing elimination of the skin, and thus tends to improve his general condition.

The preparation ought to include urotropin gr. v, every four hours, with a glass of water, for twenty-four hours before operation. The entire preparation for anesthesia cannot be decided upon before we even know the patient. The preparation, as well as the after care, ought to depend entirely upon the patient and existing conditions.

Waiting until the last minute to decide what anesthetic the patient shall be given, brings with it a lot of unnecessary evils. The anesthetic should be decided upon the day before the operation and the patient prepared accordingly. The specimen of urine should go to the laboratory the morning before, instead of the day of operation, and the report of the urinalysis should be on hand, with the history of the patient and the record of physical examination when the anesthetic is chosen. The anesthetic can be chosen by the resident physician and the anesthetist. The surgeon can change it if he wishes, because a patient prepared for gas is also prepared for ether, but a preparation for ether may not be sufficient for gas.

Preliminary narcotics are advisable for most patients for the following reasons: the patient comes to the operating table without, or with less fear; a more complete anesthesia is obtained with a smaller amount of anesthetic; postoperative pain is diminished during the first few hours, leading to a more quiet recovery and to a reduction of shock and of nausea. Fear should be overcome, if possible. According to statistics, three-fourths of the deaths which have occurred during the time of anesthesia are supposed to have been due to extreme fear. Opinions, of course, differ in regard to the correctness of that statement, but one who gives anesthetics and is familiar with fear and its consequences is inclined to believe that it is possible. I would give an anesthetic to a patient in a critical condition, but unafraid, with no more concern than to one whose general condition is good, but who is "scared to death."

The supposed disadvantages of a narcotic as, for instance, interference with the pupillary reflexes, are not so important. We do not have to depend on these phenomena and can do without them. Morphine is supposed to produce a certain amount of shock by lowering the blood pressure. That may be true sometimes, but it eliminates other factors which produce more shock than itself. Why not choose the lesser evil? It is said to produce nausea. I have often noticed that a small dose, such as one-eighth grain, will do this, while a larger dose will not. Atropine sulphate, 1/150 grain, or 1/200, is given with morphia to counteract its depressing effect; it also dries bronchial secretions and thus renders the respiratory tract a better field for an anesthetic. It is the consensus of opinion that it is better to give these drugs at least twenty minutes before the beginning of the anesthetic, to avoid the simultaneous effect of morphia and nitrous oxide, which it is said may be fatal. Through my own observations, I have learned that though it may not affect one patient, it may another.

If metabolism is kept as near to normal as possible during the preparation, the patient will be more fit. The walls of the stomach are more or less irritated in the patient who has been without food for longer than twelve hours. Hunger produces gastric juice and gastric juice contains two per cent hydrochloric acid. If the acid is not neutralized, it causes irritation of the walls of the stomach and predisposes to greater irritation from the ether. If there is solid food in the stomach when an anesthetic is administered, it is usually returned before the patient gets through the second stage, and there is the danger of food particles entering the respiratory tract. Therefore, it is advisable that the stomach itself be empty, but that does not mean that it must be empty for twenty-four hours. Another advantage in not withholding food for so many hours, is the fact that the liver is then well stored with glycogen. The amount of glycogen in the liver at the time of anesthesia is supposed to have much to do with postoperative nausea. The claim is, that postoperative nausea and vomiting are due to a disturbance in metabolism rather than to any other cause. Glycogen is said to be in demand constantly during the time of anesthesia, and when exhausted, substitute products are used which, however, do not serve the purpose as glycogen does. A disturbance in metabolism occurs, and nausea and vomiting as a secondary result. This may be another reason why there is less nausea and vomiting in the patient who has had food up to within three or four hours before operation.

It is best for other reasons than the anesthetic, of course, that the stomach be empty and the intestinal tract cleansed, but there is



an advantage in giving such foods as will be readily absorbed, such as gruels of barley, rice, oatmeal, etc., up to within three or four hours of operation, unless they are contra-indicated as, for instance, in intestinal obstruction, strangulated hernia, etc. Too much purgation and starvation predispose to shock. One, instead of two, enemas ought to be sufficient after a thorough purgation.

A faulty preparation predisposes to shock. A patient who has been kept awake most of the night before an operation by untimely purgation and enemas, if not by troublesome thoughts of the coming operation, or perhaps by another patient who was operated upon that day and is not sleeping on account of pain in the operative region, is certainly more predisposed to shock and is not well prepared for anesthesia. He is not only troubled with thought as to what may happen during the time of anesthesia, but he is thinking of all the pain that other patient is having and is sure he will fare no better. The preparation should include a sedative the night before, if necessary, to ensure a good night's rest. The purgative could be given at 4 p. m. instead of at 9 or 10 p. m. on the day before, and the enema at 6 a. m. instead of at 2 or 3 a. m. on the day of operation.

Ether produces more shock than does gas oxygen. An operation lasting from one to one and one-half hours produces more shock than does one lasting but one-half hour. The amount of anesthetic given makes some difference. If a larger amount of ether is necessary in some patients to produce anesthesia or to hold the patient in the third stage, it does not seem to cause more shock. If that quantity is that patient's required dose, he usually takes care of it the same as the next patient, who will probably go over a longer period of time with the same amount. When the anesthetic is forced, there is more shock than when it can be administered without force. The nature of the operation is another important factor, any operation that necessitates heavy work is followed by greater shock than is one that can be done with greater gentleness.

When the patient reaches the anesthetizing room, he has, as a rule, made up his mind that the operation is the only thing to be done and that it is best to take the anesthetic without fussing. He would rather not talk, perhaps; if so, let him alone. Or, he may not have made up his mind at all, but is waiting to see just how bad it is. Assure him that it is not exactly pleasant, although some people have thought it so, but that it is not as bad as he might think. Try to keep his thoughts engaged with conversation, but do not let him know that you are trying to make him forget the operation. If he has such an idea, then talk about it in an assuring way, ask something about his previous illness and lead his attention away gradually. If a nurse is

with him, make some remark to her which you know will attract his attention. Before beginning the anesthetic, look over the chart and notice the patient's condition,—whether frightened, shocked, nervous, etc. Do not forget false teeth, and see that he is comfortable.

When giving gas, see that the mask fits properly, as the work will not be complete if there is leakage. A moist gauze mask is helpful. If the patient's cheeks are hollow, pad the mask with cotton; if old and without teeth, be sure to place a gauze wedge between the gums to keep the mouth open.

There is a certain amount of pain and discomfort associated with an operation that cannot be helped, but there is also a great deal that may be avoided. A certain amount of muscular pain need not be suffered if the operating table is well padded. This is often entirely overlooked. A blanket is certainly not enough. Every table should have a rubber covered pad. Avoid strain on any part or muscle unless the operation requires such. A certain amount of shock can be avoided by keeping the patient dry and warm.

More ether than is needed to maintain anesthesia may mean acidosis, nephritis, shock, gastric dilation, excessive nausea, or vomiting. Any sudden changes in the patient's condition during the time of anesthesia, whether in pulse, respiration, color, or pupillary reflexes, ought to be looked upon as danger signals. The physiological changes which do occur take place gradually, as for instance, passing from one stage to another. We may see the beginning of the second stage of anesthesia, but that does not mean that the patient is in the second stage; we may have some signs of the third or surgical stage, and that does not mean that the patient is altogether through the second stage. The stages of ether anesthesia can be distinguished best in following the effect of the drug: first, sensory stimulation; second, sensory depression; third, motor stimulation; fourth, motor depression. That reads like clockwork, but it does not happen that way. The stages intermingle, before one ends another begins.

The longer the duration of anesthesia the less anesthetic is necessary to maintain anesthesia. I have read that of each drop of ether inhaled, one-fourth is retained, while three-fourths are eliminated. Therefore, the longer the time, the greater the cumulative effect. If the patient shows symptoms of shock, give less anesthesia. Shock takes the place of anesthesia. The anesthetist aims to keep the patient midway between the shock of the anesthesia and the shock of the operation. This is difficult sometimes, especially when it is important to give the smallest possible amount of ether.

When giving ether, the patient is held in the third stage until the surgeon begins to sew up. Then he is given just enough to keep

him from straining until the peritoneum is closed, then it is discontinued. By the time the wound is closed and dressed, he will be fairly well out of ether. Nitrous oxide must be continued until the operation is completed because the patient awakens almost immediately when it is discontinued. During a long administration, oxygen may have to be increased from time to time. When the operation is completed, allow the gases to escape from the breathing bag and give pure oxygen for a few seconds, to hasten recovery.

Before the patient leaves the operating room, be sure that he is well covered, for his vitality is somewhat lowered, and the temperature of the operating room, corridors and elevator shaft is not uniform. The patient's head may be moist with perspiration and if it is not covered, there may be postoperative cold in the head, an open door to pleurisy and pneumonia.

In *Modern Surgery*, DaCosta says, "Do not leave alone until entirely out of ether. Sitting up may cause fatal syncope. Mucus or vomited matter may block air passages and cause suffocation. A change in position may cause cessation of feeble respirations."

The best position is the recumbent. Do not allow the head to drop back; see that it is level with the body and turned to the right, until the patient is entirely out of ether. This prevents a collection of mucus in the throat and the possibility of its entering the air passages.

After a tonsillectomy, put the patient in the prone position to prevent the swallowing of blood. If there is any bleeding, it is more easily discovered. After an abdominal section, place a pillow under the knees; it relaxes the abdominal muscles and relieves strain. Keep the patient warm and dry, but do not roast him; let him have some fresh air, but no drafts. The temperature of the room should be about 75-80°. Keep it quiet and moderately bright. Patients are somewhat sensitive to light after ether. The face and hands may be washed with cold water. A hot water bottle to the kidney region may relieve back ache.

Oxygen speeds the recovery from anesthesia and is supposed to diminish nausea slightly. Some doctors think that vinegar reduces nausea. A piece of gauze is moistened with it and is placed over the patient's nose while coming out of ether. One-half ounce of liquid petrolatum, given one-half hour before the administration of ether, is supposed to protect the gastric and intestinal mucosa from the irritation of ether, thereby allaying some nausea and vomiting. A glass of hot water, one hour before the anesthetic, is also recommended. After the patient is well out of ether and is allowed to have water, if he still complains of distress in his stomach and headache, give four ounces of hot water with five grains of sodium bicarbonate.

It may relieve him by one of two ways, as a gastric lavage or, if retained, it may neutralize the acid contents of the stomach.

If an anesthetist is not giving anesthetics all day and can follow up her work, she will find that she can often make a patient more comfortable. She is familiar with the surgeon's ideas, as well as his rules in regard to giving water, etc., and with the cooperation of the resident physician, she can often relieve the unpleasant effects of an anesthetic.

There is no place for routine treatment in the after care. The patient is the indicator always. Patients differ, operations differ, and the effects of an anesthetic differ with the patient. The care of the patient is never right unless it is adjusted according to the various differences. Some may have water immediately after an operation, while others are better off without it. Some may have a soft diet or a house tray at the next serving, while others ought not to have solid food for days. Patients are often starved unnecessarily. In spite of all the efforts made, nausea and vomiting occur now and then. A careful preparation will prevent much of it and proper after care may overcome the rest.

---

## HOSPITAL CORPSMEN OF THE NAVY

By I. GRACE DEWITT KLINE, R.N.

*Chief Nurse, Hospital Corps Training School, Newport, R. I.*

In these days, when the need for an increased nursing service and a better education of the public to aid in the care and prevention of disease are so keenly felt, it would seem a matter of interest to the nursing world to be reminded of the wide scope of our Navy in its education of its hospital corpsmen. They form the nursing personnel of the naval fleets, they are of great value in the hygiene and sanitation of the medical department of the Navy, and as a social factor in our country, their influence cannot be estimated.

The Navy has been termed the school of the nation, and this is particularly true of the hospital corps schools. The students for these schools are men who are selected, either by their choice, or by the recruiting officer at their enlistment or from other branches of the service, because of superior education, experience, or apparent aptitude. They enlist for periods of two, three, or four years. They are given a course of instruction in one of the three hospital corps schools which are located at Newport, R. I., The Great Lakes, and Goat Island, Calif. The theoretical course consists of the subjects taught in the



civilian schools of nursing with the exception of pediatrics and obstetrics, and in addition they are taught naval hospital and sick bay management, pharmacy, clerical duties, commissary duties, and military procedure. More or less organized instruction is continued in the naval hospitals, dispensaries, hospital ships, and sick bays. At the end of their term of enlistment they either "ship over," or return to civilian life and their homes.

The men who remain in the service are indispensable to the Navy, for on them devolves much of the nursing in the hospitals and on board ship, as well as in isolated stations. They are advanced in rate, at their graduation from the hospital corps schools, to hospital corpsman first class, and may advance through the grades of pharmacist mate, third, second, and first class, to chief pharmacist mate, as they evince their adaptability and pass the examinations for these grades. The rank of warrant officer as well as commissioned officer up to lieutenant senior grade is open to the hospital corpsmen who make the Navy their career.

The value of those men who return to civilian life, as a social factor in their community, is as incalculable as is any good force put in motion. During the war the corps was composed of college graduates, dentists, pharmacists, medical students, graduates of agricultural colleges, male nurses, and men more or less well equipped for the work. These men have taken their places at home with a better idea of the value of health, and a knowledge of how to maintain it, with an awakened conscience as to their neighborhood duties and privileges. Many of them have reported helping in epidemics, and starting the work of "cleaning up" their home towns. Some of the men came from isolated districts where the visiting nurse, the school nurse, and the welfare nurse were unheard of. Even the village doctor frequently calls on the hospital corpsman to speak to a group of townspeople on the value of keeping well, and the methods the Navy employs for the welfare of its men.

The educational status of these men during peace times is a variable one. The naval schools count themselves fortunate to obtain a high school graduate, and a college graduate is so rare that he is a phenomenon. The majority of the students have just made the eighth grade, and now and then we must labor with the man who has barely the education of the fifth grade.

The men of the hospital corps, like the majority of sailors, "join the Navy to see the world," and many times to get away from congenial homes or the routine of school work. One frequently hears a lad exclaim, "Gee, I joined the Navy to get away from school! When

I was home I could stay away from school, now and then, but here I have to go every day and the days are longer at that!"

Infinite tact, patience and firmness are required in this work of instruction by the medical officers and the nurses, but the results are so evident, as well as far reaching, that they are counted well worth the effort put forth. Many of the corpsmen conceive a determination to study medicine, dentistry or pharmacy, or to obtain a higher education along other lines, and some enter Annapolis.

The nurse is a very vital factor in the education of these men. Her opportunity is a broad one, not only for teaching nursing to these boys, for boys they are in years, the average age being eighteen, but also for helping to establish ideals and give a clearer conception of the larger things of life which are before them. When she realizes that she is helping train them for the Navy, and that they are the potential leaders in a community, she counts herself fortunate in thus helping forward the social work of our country. It is this realization which makes the work of the navy nurse worth the doing, and which makes the routine work but a small part of her duties. The nurse is always the educator, whether she is one consciously or not.

The navy nurse needs not only to maintain her educational and ethical standards, but she needs constantly to improve on them, if she is going to "carry on" the ideals of nursing. The Navy Nurse Corps is a broad field for the specialized nurse educator. The corpsmen should have the maximum of nursing ideals, instruction, practice, and experience, in order to nurse the Navy sick on the high seas and at the shore stations where the nurse may not go.

---

## A NURSES' COLLEGE

BY HENRY M. STEGMAN

*Battle Creek, Michigan*

The problem of increasing the enrollment at the training schools for nurses is primarily economic, although other factors exist. Agitation and publicity will stimulate recruiting, but in the long run, it is a question of dollars and cents or their equivalents. These schools have slipped back in the competition for the young women of the country because they have increased their inducements little or not at all, while other callings in the last few years have doubled the pay they offered. In addition, so many new fields have been opened for women that there is a diminished supply of entrants into the old and familiar occupations.

Raising the salaries of graduates is only a partial remedy. The

three long, lean years of study, with an actual outlay for numerous expenses, are a serious barrier. Large wages may be gained at once in many lines of trade. As a clear cut business proposition, there are arguments against entering the training school.

The training school, in fact, is the neck of the bottle. Unless that situation is remedied, there can be no great hope from inducements to graduates. It should be borne in mind, too, that the demand for nurses is bound to increase more rapidly than the population. The percentage of persons rich enough to employ a graduate nurse is steadily growing. Furthermore, the health standards of the country are continually rising. Industrial plants, public institutions and communities are coming to recognize more and more the money value of preventive medicine and hygiene. All this means that, while speaking freely, the number of inhabitants of the United States increases arithmetically, the demand for expert nurses expands in geometrical ratio.

One institution has recently met the situation squarely by a cash merit allowance. This is in addition to the former provision for clothes, laundry, food, lodging, textbooks, etc. Students whose records are good, will receive one hundred dollars at the end of their first year, one hundred and twenty-five dollars at the end of their second year, and one hundred and fifty dollars at graduation. Besides, there are money payments for overtime. Many hospitals will, of course, be unable to meet such an expenditure and must rely on other arguments. Would not a change in the name of these institutions of instruction be helpful?

Originally, the title "training school for nurses" was entirely adequate; they were just that. Now, however, is this phrase still appropriate? The best of these institutions now require a high school diploma of matriculants, and have a course of three years. A broad curriculum has gradually been attained. In some hospitals the laboratory courses in chemistry and bacteriology are of high grade. It is true that much of the instruction is not out of books, but out of life, but does not modern education regard such so-called practical studies of great value? It is also true that the regular college course is four years, while the nurse undergoes only three years of training, but as far as actual time is concerned, the advantage is really with the nurse, for she is at her studies, theoretical and bedside, many more hours in the week than is the average college girl. Furthermore, she doesn't have those long vacations in summer, at Christmas, and at Easter, besides the single holidays. As regards concrete work performed, the nurse is surely as worthy of some degree as is her sister who achieves an A.B. or a B.S.

Whether her official ranking shall be G.N. for "Graduate Nurse," B.N. for "Bachelor of Nursing" (surely Latin is not necessary) or whether the present familiar R.N. be retained and made of greater significance, is of no serious moment. What is essential is that the nurse's labors and attainments should be recognized by a regular college degree which would officially stamp her calling as one of the learned professions. It is not meant that every school, no matter what its requirements, should be allowed to confer the degree. Of course, the whole subject would be under the jurisdiction of the government of each state, and no training school should be permitted to assume the name of Nurses' College unless its standards of matriculation and graduation warranted this promotion. Such a change of title should be no mere empty gratification of a desire to loom up larger in the public eye.

School, as the word is usually employed in this country, denotes a lower grade of education. It is true that the normal schools have generally retained this designation, but it is possible that they will make a change. Teachers College in New York City, a part of Columbia University, long ago saw the advisability of such a recognition of the dignity and value of pedagogic instruction. It is also true that within the great universities, the divisions of law, medicine, etc., are still called schools. This is to distinguish them from the college proper in which the academic subjects are taught. Even here the practice is not uniform, for there are various colleges of physicians and surgeons.

College is the usual name for the institution in which students carry on their work after leaving high school. The best of the training schools for nurses are really colleges. Why should they not have their due and be legally known as just what they are? Nor is it merely a question of abstract justice. The sisterhood of nurses would be the gainer in substantial ways; their work in caring for the sick and in health propaganda would be broadened and strengthened. Common use is made of the term, "the profession of nursing," yet in the public estimation, this calling is certainly not on a level with law, medicine and theology. Is it reasonable to expect the same consideration for the graduate of a training school for nurses as of a college? We have seen that the disparity in educational standards is not very great, if it really exists, but the very word "training" is unfortunate and depressing. "A school for nurses" wouldn't sound so bad, which might suggest the standing of the schools of law and medicine, but the "training" at once drags down the connotation. There are training schools for chauffeurs, massage operators and beauty parlor experts; there the designation exactly describes the tuition. There are no



training school for clergymen or mining engineers or physicians. Where do the institutions for teaching nurses belong,—among such training schools, or among the colleges?

To come back to the original point of departure, recruiting for the nurse's vocation would be stimulated if the invitation were to come to a college instead of to a training school. The undergraduate would feel a new dignity and a new sense of responsibility. When her degree is conferred on her, she would deem herself entitled to more consideration than she now receives, and she would get it. An increase of salaries would gradually ensue. As a college graduate, the nurse in the private home would tend to have the social status of the family; her visits in school work and social service would have a new importance, and her advice a new weight. In fine, she would come back to her own in far greater measure than she does now. Shall we not speed the day of the nurses' college?

---

### THREE CASES: THE THIRTEENTH CASE

BY AGNES JAMES, R.N., AND KATHARINE JAMES

*Cincinnati, Ohio*

It was not till one night when Mary was balancing a little book she keeps, which is a cross between a ledger and a dairy, that she discovered that the case of the Vamplew child, was her thirteenth since graduating. She turned to me with an awed look:

"Cordelia, isn't that the most remarkable thing you ever heard of?" she breathed, and I admitted that it was.

While Mary has lots of imagination, she is wholesomeness personified, and what she told me about that case, I knew to be the wide awake truth. Dr. Bleets, the children's specialist, called her and told her he wanted her for a very important little kid, an only child and heir to great possessions by all accounts,—at least he would be some day, if they could keep him alive.

"Is it scarlet or measles or simply a feeding case, Doctor?" said Mary very respectfully, and old Bleets said it was not contagion, but what it was he did not know, and that he was hoping her intelligent coöperation would assist him.

Mary turned from the telephone with a sigh, "I never before heard Dr. Bleets admit there was anything he did not know. I wonder if he thinks I'm Houdini or Madame Blavatsky. I think I'd rather be up against plain measles, then I can get my bearings."

"Oh, no you wouldn't," I argued cheerfully, "there's nothing funny in being shut up with a spotty child, and having your food poked at you through a grill, and smelling of carbolized sheets. Go to it and triumph, and Bleets will write a paper for the JOURNAL and illustrate it with 'before' and 'after' pictures of the child, in your arms.

But in spite of me she went away soberly which, in the light of subsequent events was a justifiable attitude. It was weeks before I saw her again, and this is the tale she unfolded.

The address Dr. Bleets gave me was in a fashionable part of town, and the house itself the real thing in ancestral abodes. A manservant opened the door, and when I introduced myself and told him Dr. Bleets had sent me, he obligingly took my suitcase and said that Mrs. Harms would see me at once, so I followed him along a lovely corridor affair, all palms and statuary, into a dear little sitting room, with the cutest cretonne hangings and a pair of little love birds in a rustic cage.

Mrs. Harms proved to be the housekeeper, a dignified middle-aged lady, fully impressed with her own importance, but quite inclined to be friendly and I wasn't afraid she'd make it any harder for me, as some do. She ordered tea for me, and while I drank it and ate some adorably thin bread and butter, she told me about my case.

Master Spenlove, as she called him at first, was the only child, and the last of the Vamplews. He had always been a frail and sensitive little boy but, until recently, normal and healthy. The death of his mother, six months ago, had been attended by some childish grief and loneliness, but to all appearances he had reacted from it and forgotten, with the exception of refusing to be parted from an old blue satin slipper she had worn. They had an excellent nurse maid, Jenifer Prudden, who had been with him since his birth, and life seemed to be on the eve of assuming its ordinary routine when little Spen developed disquieting symptoms of apathy. He no longer played with his toys and it was with great difficulty that he was coaxed to eat enough to maintain life.

His father, Beverly Vamplew, who idolized the child, grew frantic with anxiety and many specialists had been consulted. Professional nurses had so far been dispensed with, as Jenifer was so capable and all had feared the effect of strange faces, but now it had reached the point where to try was no worse than not to try, although each new experiment had proved a forlorn hope. Symptoms there were none, save this deadly indifference to normal stimulus. Of course forced feeding had been resorted to by one of the doctors, but beyond almost sending the child into fits with fright, he had accomplished nothing. Dr. Bleets seemed to be of the opinion that a profound

shock to the nervous system had resulted from some agency of which we were in ignorance, and held out a faint hope that a recovery and reaction might occur spontaneously, but the question now was whether his little body could hold out for the required time.

It was easy to see that Mrs. Harms was not hopeful and her tears flowed freely, as she recounted his baby charms. I did not wonder at her grief when I saw him later, because of all the children I have ever known, "Little Spen" was the gentlest and most loving. He occupied a huge room, the long windows opening onto a delightful balcony, and his little white cot was pulled up to them. Sheer hangings of cobweb fineness were suspended from silver rings over the bed-head, and a frilled cover of white silk embroidered with rose petals, hung almost to the floor. In the midst of all this splendor was a wee boy of about three, with a skin like a lily, and tiny curls just edging on the color of copper. Huge, appealing blue eyes fastened on me and won my heart at once, and to my joy he looked at me with baby confidence.

"That is wonderful," whispered Mrs. Harms, her voice almost shaky with thankfulness, and while I was making careful advances into favor, I became conscious of being watched by two people who had just entered; the one, a girl in the immaculate appointments of a maid, and the other, a gentleman bordering on middle age.

In spite of all my efforts, my success was poor and little Spen relapsed into the apathy that had so long and mysteriously claimed him, his pitiful fingers clasped round the old satin slipper that lay beside him. Disappointed, I turned from the bed to meet the eyes of Jenifer Prudden, which I could swear held a veiled challenge. But later I was equally certain I had dreamed it, such flawless service did she render to me and to the child.

Mr. Vamplew was a gentleman, admirable in every interpretation of the word, the product of a long line, selected and trained. His wife, however, had been beneath him socially, being an obscure country girl, but so captivated and satisfied had he been by her physical perfection, that he had imagined he could safely leave her to measure up to her future environment, under his care and guidance. That she had not risen to his requirements in anything but maternity, had been ground for continuous friction, Mr. Vampley's susceptibilities being perpetually outraged by her inability to understand them, and Mrs. Vampley openly resentful.

She had met with a fatal accident while riding a spirited horse he had forbidden her to mount, only regaining consciousness sufficiently to request that her body should not be laid beside her husband's kindred, but back in friendly soil, near people from whom she had

sprung. So she had passed from the House of Vamplew, without leaving even a stone among their illustrious dead.

I had all these details from time to time, in my interviews with Dr. Bleets who in his distraction, so far forgot ethics and professionalism as to discuss the case with me from every angle. Every day we'd thrash it out, at first in hope and confidence, then in doubt and disappointment, and finally in desperation. In spite of us, Baby Spen was slipping from our fingers, growing every minute more like a little tired flower, if one may say such a thing. If his mother had been plebian, she had certainly transmitted none of her characteristics; every atom of his small body was vibrant with breeding and refinement.

"It is strange he always seems to be so much weaker in the early part of the day," I said to Jenifer one morning, as the pair of us tried to rouse and coax him to take a few teaspoonfuls of milk, "most children are at their best during the hours before noon, and not so good later."

"Yes, Miss, it is strange," she agreed respectfully, "and he always sleeps good, too."

The last words were added with an emphasis which I attributed to Jenifer's desire to impress me with her thorough capability to care for little Spen at night, a fact I had never questioned.

*(To be continued)*

---

## THE DEVELOPMENT OF THE X-RAY NEGATIVE

By ROSE M. LORISH, R.N.

*Pittsburgh, Pa.*

I have been interested in articles appearing in the JOURNAL which are of a practical nature, and especially those which can be applied by the nurse who is doing Roentgenographic technician work.

What is the first step in the development of X-ray plates and films? Perhaps some will say the taking of the picture. This, of course, is very important, but as we are dealing with the development of the film and plate, we must begin with the developer and the apparatus used.

I have found the tray very much more convenient than the tank for developing purposes, although the tank is very convenient in the process of fixing. I have three trays, the largest being a size which accommodates the 14-inch by 17-inch and 11-inch by 14-inch plates. The next in size is used for 10-inch by 12-inch and 8-inch by 10-inch



plates and the smallest is used for 5-inch by 7-inch plates and dental films.

I have found my best success in compounding my own chemicals for the developer. One will find many formulae which can be used, and no doubt successfully, but I prefer the following, and I hope any-one who may care to use it will find it satisfactory:

A		B	
Metol,	gr. 20	Potassium bromide,	10 gr.
Hydrocholin,	gr. 80	Carbonate of soda,	1 oz.
		Sulphite of soda,	1 oz.

Dissolve (A) in eight ounces and (B) in twelve ounces of cold water; when all dissolved, mix A and B together, and put in clean dark bottles, well corked, to keep the solution clean and also to prevent deterioration.

Have everything in readiness: a photographic dark room, a sink or tank with running water, large enough to give ample room for even our largest plate for washing, the tray of proper size, and the developer at a temperature of 65° F. Three-fourths of an inch of developer in the tray is a necessary amount.

Remove the plate from the red, then from the black envelope, with the film side upward; tilt the tray so that the fluid will be at one end; immerse one end of the plate in the fluid and let the other end down gently, lowering the tray quickly so that the fluid will spread over the entire plate. In this way we keep the plate developed evenly and prevent spotting. Care should be taken that the red light in the room does not shine directly on the film side of the plate before it is entirely covered with the developer, as this will often have the same effect as direct unshaded light. When developing, keep tilting the tray slowly from side to side, so as not to allow the developer to stand on any one spot for any length of time.

The amount of time required for developing depends upon: first, the time of exposure, (but we are taking for granted that the plates be developed the normal length of time); second, strength of developer; and third, the portion of the body which has been taken. For instance, if an arm plate has had the same amount of exposure as an abdominal plate, we would say the arm plate has been overexposed, and we must watch very carefully or the plate will be overdeveloped and cannot be read. For an abdominal plate that has been exposed for the same length of time, in from one-half to one minute the image will begin to appear. Keep developing until the opposite side becomes an opaque light gray in color. Another aid is to hold the plate in front of the red light and hold the hand on the opposite side from

that at which you are looking, if the fingers are not clearly visible, the plate is at about the proper shade for reading.

It must be emphasized that almost all plates differ in their development, therefore, "practice makes perfect."

The plate now developed must be placed in the tank or sink for washing and should be washed until it is entirely free from developer. If washed in the sink, it can now be placed in a frame ready for the fixing bath.

Regarding the fixing bath, I think most people who are accustomed to this work will agree that the "Chrome Alum Fixing Bath" will give the most satisfaction, as it has good keeping qualities, fixes clean, and remains clear after long continued use. The formula is as follows:

A		B	
Pure water,	96 oz.	Pure water,	32 oz.
Hypo,	2 lb.	Chrome alum,	2 oz.
Sulphite soda,	2 oz.	Sulphuric acid,	$\frac{1}{4}$ oz.

Mix chemicals in the order named. When dissolved, pour B into A slowly, while stirring A rapidly. If this mixture is not clear, it can be filtered into the tank.

It requires from five to ten minutes for plates or films to fix. When removed from the tank, if the entire film or plate is dark on the glass side, it is ready to be put into a bath of running water for one hour. When removed from the water, the plate should be smooth and clean, otherwise it has not been washed thoroughly. After washing, place on racks for drying.

If the tank method is used all the way through, more than one plate can be developed at one time. I have found that method rather confusing, as the plates cannot be watched so carefully, while in the developer, for their best definition, but it is preferred by some, and economizes time.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF  
ISABEL M. STEWART, R.N.

### REPORT OF THE VASSAR NURSING CONFERENCE

Because of the unique nature of the Vassar Conference and the fact that so many nursing schools from many parts of the country were represented, it seems important that a fairly full report of the meetings should be presented to the readers of the JOURNAL.

It was something more than a reunion of the students of the Vassar Training Camp of 1918. For the first time in history, probably, a group of recent graduates from a number of training schools (and some students still in training) met with their superintendents and teachers and discussed quite frankly and freely some of the things which might be done to make the system of nursing training more attractive and more effective.

It is the greatest possible tribute to both groups that this could be done with so much moderation and good feeling on both sides. The students' criticisms were frank and in the main reasonable, though often based on a lack of understanding of conditions. The superintendents were sympathetic and openminded, but determined that the young graduates should face the facts of the situation and realize their own responsibility to improve the conditions they criticized. Both groups went away with a much better understanding of each other's point of view and with a better basis of coöperation for the future.

*Opening of the Conference.* President MacCracken could not have been more cordial in his welcome to the Alumnae of the Vassar Camp and other members of the conference. It was quite evident that Vassar College had really taken this band of nursing students to her heart and proudly counted them among her own.

Mrs. Blodgett, the Vassar trustee who was largely responsible for the original plan, spoke with great enthusiasm of the way in which all had united to carry the work through, giving special recognition to President Taft and Miss Nutting, without whom there could have been no Red Cross funds, and no working organization. She believed that the plan of such a preparatory training outside the hospital was a perfectly sound one, and that it would be extended and carried on by other colleges, especially, perhaps, by Junior Colleges such as that in Grand Rapids, where the "Vassar plan" is now being duplicated. Mrs. Blodgett also referred to the fact that the recruiting scheme which

had proven so successful in gathering together the 400 or more students for the camp in 1918 had been modified somewhat and used effectively in a recent publicity campaign in the State of Michigan.

Miss Martha Wilson, another prominent laywoman who is interested in nursing, spoke of the work of the Central Council of Nursing Education in Chicago, of which she is Chairman. This movement for the maintenance of good standards of nurse training and for the recruiting of student nurses is already familiar to readers of the JOURNAL. Miss Wilson stressed the importance of enlisting men as well as women in the movement and of getting the coöperation of the public as well as the boards of trustees of hospitals, physicians, and nurses.

Miss Nutting welcomed the recent graduates on behalf of the older members of the profession, and gave them a glimpse of the land which lies ahead of them,—a land of boundless opportunity for patriotic service, but still demanding the same courage, patience, and dedication to duty that were required in the beginning of their hospital training.

Dr. Edward H. Hume of the Hunan-Yale Medical School in China, brought a word of greeting from Miss Nina Gage, who served as Assistant Dean of the Summer Camp in 1918, and who has since returned to her work in China. He described the duties of a superintendent of nurses in a Chinese nursing school, and told of the great need and the unrivalled opportunity for service in the countries of the East, where as yet there is not more than one nurse to two million of the population.

Major Julia Stimson, of the Army Nurse Corps, a graduate of Vassar College, welcomed her adopted sisters, and told them of some of the opportunities open to them in the Army Service. In addition to the better known executive positions, the Army Nursing Service is now opening a number of positions for public health nurses, for teachers, and for laboratory and technical workers. Provision is also made for two per cent of the force to take postgraduate courses in certain hospitals and elsewhere with full tuition and maintenance.

Doctor Winalow, who was one of the most popular lecturers at the Camp, spoke briefly on the investigation of Nursing Education which is being carried on under the committee of which he is chairman, and urged the coöperation of the public and of nurses themselves in the movement toward the endowment of nursing schools which seemed to him the great hope of the future. Doctor Winalow leaves shortly for Genoa, where he will serve on the International League of Red Cross Societies.

Dean Mills, who may be considered as the "father" of the Camp,



has kept very closely in touch with all the students, and has been their wise and unfailing confidant and adviser throughout the past two years. It would be difficult to exaggerate the service which Dean Mills has rendered, not only to these young women, but to the nursing profession, for while he has never failed in sympathy for the student, he has always been most loyal to the idea on which the Camp was founded, and to the hospitals which coöperated in working out the plan.

Dean Mills reported that of the 435 young college women who began the course, 418 stayed through the first three months, and 399 reported at the various affiliating hospitals. As a result of the epidemic of influenza, seven of these lost their lives; many others returned to their former occupations or were married, leaving 169, or 42 per cent. of the whole number to complete the hospital training. The percentage of withdrawals, while somewhat higher than the usual rate in normal times, was not greater than might have been expected considering the conditions under which these young women enlisted.

The reports from superintendents of nurses of the work done by these students in the hospital were on the whole quite favorable. Some of the familiar criticisms of college women are mentioned—their critical spirit, their unwillingness to conform to routine, their lack of any marked superiority in practical work, and the inclination to consider themselves somewhat in the light of reformers. On the other hand, a substantial number of representative superintendents of nurses considered the group as a whole superior to the average and a distinct asset to both the nursing school and the profession. They mention particularly their good standing in theoretical work, their general intelligence, their earnestness, and their excellent influence on younger students. Most of the superintendents agree that they would welcome other and larger groups of the same character in their schools.

As to the future work of this group of women, Dean Mills finds that approximately half are intending to go into public health work and about one-fourth into educational or administrative work in hospitals; of the remainder, some are going into the foreign mission field, some to relief work, one or two intend to study medicine and a number have married.

Of those who withdrew, about one-third give illness as a cause, combined with family pressure; 20 per cent. felt that they were released from moral obligation after the armistice, 20 per cent. withdrew to marry or to rejoin their husbands who had returned from war, and family obligations account for another 20 per cent. A few found the work uncongenial or disappointing. Of those who withdrew, practically all speak enthusiastically of the value of the preparatory

course which they took at the College and whatever experience they had in the hospital. Apart from the scientific interest which the courses aroused, they had proven invaluable in many practical ways, had helped to make them better mothers, better home-keepers, social workers, teachers, citizens, and more healthy and useful individuals. Their interest in hospital and public health work which was aroused will be permanent. Their outlook on life will be broader, their sympathy deeper, because they had this introduction to nursing work. Several speak of that summer of the Vassar Camp as the most valuable and the happiest of their lives.

The unanimous verdict of the students as well as the observation of the College President, trustees, and officers themselves, have led them to feel that in some way they must provide for a continuation of this work in Vassar College, possibly through special summer courses, or through some extension of the regular curriculum. There is no question that, as a result of this experience, the interest of Vassar College in nursing as a vocation for college women has become a very genuine and, it is believed, a permanent one.

*Session on Student Government.* The first informal discussion, which was held on Friday afternoon, was on The Respective Limits of Student Government and Authoritative Control in the Training of Pupil Nurses. Miss Carrington, of Rochester General Hospital, and Miss Millman, of Bellevue, New York, represented the student group. It was evident from their talks and from the general discussion which followed that practically the entire body favored some form of student government, but there was some difference of opinion on what is meant by this term, and how far student participation was to extend. The extremists went so far as to claim the right of consultation in the organization of courses of study, in all cases of discipline, and in the general policies of the school. Those who had actually helped in working out systems of student government in hospitals were much more moderate, and realized fully, the difficulties in, first of all, enlisting the support of the student body for the new system, and then training students to carry even the lighter responsibilities they had assumed.

Miss Helen Wood, Barnes Hospital, St. Louis, gave the results of her own experience, both as a student and as a superintendent of nurses. Her conclusion was that there is little difference between a liberal form of faculty government and student government. The main essential is that there shall be sympathetic understanding and coöperation between pupils and the superintendent of nurses, and loyalty to the school and its ideals.

The failures of student government systems in nursing schools were, she felt, largely due to the general youth and inexperience of

the students, the difficulty of deciding how far student control should extend under hospital conditions, (which are so very different from conditions in schools and colleges), the emphasis on "police" duties, rather than on broader constructive policies affecting the life of the school, and the fact that responsibility has, as a rule, been centered in too few students, leaving the great majority indifferent. Miss Wood also believed that many failures could be avoided by working more slowly, the students taking over responsibilities gradually, as they prove their ability to handle them, and having always the advice and assistance of faculty representatives to fall back upon. The best feature of student government is that it provides a means of student body and faculty "getting together," understanding each other, and working closely together for the development of the school.

The general impression gathered from the body of young graduates was that they had felt some of the restrictions of hospital life to be unreasonable, especially as applied to grown-up women, and that they believed the student nurses in most schools were ready to take over more responsibility for the control of their own conduct. They felt this to be especially necessary and reasonable since student nurses are called upon to carry such heavy responsibilities for human life and, therefore, need all the more the training which student government gives. They believed the morale of the student body would be better, both off and on duty, and that greater freedom for self-expression would help in attracting a higher type of student to nursing schools.

*Improvement of Courses of Study.* The Saturday morning discussion was on the subject of Better Correlation between Theoretical and Practical Work in Nursing Schools. Miss Trewick, of the City Hospital, New York, and Miss Barrows, of the Presbyterian Hospital, who represented the students, brought out a number of examples of lack of system in assigning services, leaving some students with almost no experience in essential branches and very much overweighted in others. They felt it to be very unfortunate that certain desirable services, such as operating-room and public health nursing, could not be provided for all students who elected them. Students had complained of marking time in certain departments where there was little experience to be gained, when the hospital had rich resources to offer in other departments. It was suggested that if a more definite program of practical work could be arranged, and published in the circulars of nursing schools, it would give the students much more assurance that they would secure a systematic and well balanced training.

Examples were also given of the lack of correlation between theory and practice, the service often coming long before the student

had any instruction on that subject, or so long after her classes that the connection was lost. The lack of systematic teaching, especially in the wards, was felt to be a very weak point in most hospitals. Head nurses, supervisors and teachers very often fail to appreciate the fact that the pupil nurse is a student, paying for instruction, and entitled to receive every possible assistance and encouragement in acquiring her professional education. Suggestions were urged for more bedside clinics, for more opportunity to see the experimental and scientific work carried on in the hospital laboratories, and for more and better instruction on modern lines.

Miss Carolyn Gray, on behalf of the superintendents of nurses, agreed that the criticisms were entirely just and reasonable and that no one is more conscious of the weaknesses in the present system of nursing education, than are the women who have been struggling with the problem for years. She explained, however, what the dual responsibility of the superintendent of nurses means, toward the sick patients of the hospital on the one hand, and the nursing students on the other. In spite of her best efforts and all her carefully laid plans, the training of the student nurse is almost inevitably sacrificed to the immediate needs of the sick patients of the hospital and this service varies with every day and hour. The only way to avoid this inescapable conflict, is to establish the school on an entirely separate basis and to provide a supplementary nursing staff for the hospital, so that it will not depend absolutely on the pupil nurses' service. Then it will be possible to put the training of the student on an educational basis, and to regulate her experience and her teaching in accordance with her educational needs without sacrificing the life and comfort of sick patients.

The same point of view was expressed by several of the other superintendents who urged the younger women to bring all their intelligence and energy to the task of working out a new system which would replace the present difficult and, in many ways unworkable, one.

*Enrichment of Student Life in the Nursing School.* Saturday afternoon, the discussion centered about the problem of The Enrichment of Student Life in the Training School, intellectually, recreationally, spiritually, and in its relations to the outside community. Miss Chase of University Hospital, Michigan, Miss Walker of Boston City, and Miss Whitehouse of the City Hospital, New York, spoke for the students. There seemed to be no question that there is a wide difference in the attitude of groups in various hospitals; some are happy, satisfied, and enthusiastic about their training and their life in the hospital, and some look back with something of bitterness and resentment to the whole experience. Doubtless,



some of this difference is due to the personalities of the students themselves, but it is evident that the conditions of social life and the attitude of those in authority had a great deal to do with the dominant feeling which was left in their minds. The kindly welcome, the open door of the superintendent of nurses, the frequent parties, the little diversions and recreations which were arranged for them, the opportunity to follow, even at a far distance, some of their previous interests in music, art, or literature, the chapel service, or Y. W. C. A., which gave them an opportunity for religious fellowship,—all these things served to neutralize the shocks and strains that come to all pupil nurses at times, and to leave a memory that is on the whole, happy and kindly.

A group of college women would, undoubtedly, bring with them into hospital life more resources than has the average student, but perhaps they feel even more keenly than most, the lack of those things which they have learned to depend on to enrich and brighten life. Several students spoke of the loneliness and isolation, the difficulty of adjustment to new conditions, the disillusionment of hospital life, the physical and moral strain under which student nurses work, the seeming indifference or callousness of some officers of the hospital and nursing school, the antagonism of other students, (on account of the reduction in time which college women were allowed), and the periods of almost unadulterated routine, when the vision faded and life seemed very dull and somewhat sordid. The attitude of physicians to nurses was complained of, and the lack of social recognition by the laity, as decidedly hard on morale.

Some of the concrete suggestions offered, besides those already mentioned, were the addition of some cultural course, preferably English, to the curriculum; the appointment of a special faculty adviser to "mother" each class; some arrangement for more contact between the student nurses of different hospitals; and the regular and systematic provision for recreation, for social entertainments, and for religious services. Dean Mills said that he attributed the very high morale on the Vassar Campus in 1918 to the fact that every phase of the students' life,—educational, social, physical, and spiritual, was provided for and nothing was left to chance.

Saturday night was devoted to dancing and to "stunts" which were put on by some of the hospital groups.

On Sunday, a Memorial Service was held for the students of the Camp who died in the epidemic. Miss Goodrich gave an inspiring address, rededicating them all to service, and reminding the group of their opportunities and their obligations in the face of the world's crying need. Dr. Little, a "country rector," as he called himself,

spoke very simply but with fine sincerity of the service of nurses overseas, during the war. Altogether it was an impressive and fitting conclusion to the conference which everybody felt had been, throughout, very worth while.

To the young graduate whose first vision had been somewhat dimmed, perhaps, by the hard facts of life, it meant renewed faith and enthusiasm and a clearer view of what her training might mean to her. To the older women in the profession, it brought encouragement, for although these young women were many of them critical, they were at least doing some thinking and their earnestness and energy gave hope that they would some day be a positive and constructive influence in advancing the profession. Some, at least, of the superintendents and teachers left with the feeling that if senior students and graduates of our nursing schools could have the same opportunity of threshing out their doubts and grievances with those in charge, and presenting their suggestions, it would be an excellent thing for both groups and would clear away many of the misunderstandings and the bitternesses which tend to weaken the morale of a school and keep desirable women from coming into nursing.

An experiment of this kind is to be tried by the New York City League of Nursing Education, where representatives of the senior nurses of various schools are to meet with the League members, discuss ways and means of making nursing schools more attractive and efficient. If this leads to a franker and more democratic relationship between the students and officers of even a few nursing schools, it will be a big step toward the solution of some of our training school problems.

# DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

*Director, Department of Nursing*

## FIRST RED CROSS CHAPTER CONFERENCE DISCUSSES HEALTH PROGRAM FOR YEAR 1921

The First National Conference of American Red Cross Chapters was held at Headquarters on December 6 and 7, with approximately 300 delegates from the fourteen divisions throughout the United States in attendance. It is the first conference at which the chapters of the organization have held an open forum and is considered one of the most effective of recent conventions.

The keynote of the two days' discussion was the development of the Red Cross Peace Program and its significance. The responsibilities of the Department of Nursing in the new program are best summed up in part of the general statement made by Dr. Livingston Farrand, Chairman of the Central Committee, who presided throughout the session. To quote Dr. Farrand:

1) In public health nursing, the central factor of any community health work, we have what is recognized as one of the traditional activities of the Red Cross and one which requires no discussion before this audience. Similarly, when we deal with classes of women and girls in Home Care of the Sick, we are making a contribution the importance of which cannot be overestimated. The fact that during the past year more than ninety thousand were enrolled in these classes is evidence of the widespread service of the Red Cross. Surely these parts of our program are not vague. They are definite pieces of work which no other agency is in a position to accomplish.

2) The other outstanding health service of the Red Cross is designed to aid in coordinating the health efforts of our American communities through health centers. They should be adapted to the needs of the community in every case and vary as such needs indicate. Let us never forget that in developing the health service of the Red Cross in any of its aspects, we are always looking forward to the time when our public officials shall have the support and authority necessary to carry on these tasks. We are simply a demonstrating and assisting agency in the meantime.

The Red Cross peace program is not vague. There may be many aspects, but the ideals are clear. We are trying to make the Red Cross a living factor in the upbuilding of our American community in so far as such activity is consistent with the responsibility and charter of the organization as it stands. We do not intend to do everything. We do not intend to branch out into every kind of field. We intend that the Red Cross shall choose certain fairly well defined lines of activity and confine itself to those lines of activity as being legitimate fields of Red Cross action.

AMERICAN NURSES HONORED IN MEMORY OF THE LATE  
JANE A. DELANO

At the annual meeting held at Red Cross National Headquarters on December 8, significant recognition of the service rendered by American nurses in war and peace was given by conferring in memory of the late Jane A. Delano, their leader in the World War, the Distinguished Service Medal of the American Red Cross, in gold. This is the first time this medal has been conferred and is the highest honor the American Red Cross can bestow.

The resolution authorizing the conferring of the medal was offered by Eliot Wadsworth, member of the Central Committee, and was as follows:

Since the days of Florence Nightingale and the first conception of the Red Cross idea, the work of the trained nurse has constituted a veritable symbol of the meaning and purpose of Red Cross effort. For many years one of the distinct functions of the Red Cross has been to assist in maintaining the highest standards of Nursing Service, in preparation for alleviating the pain and distress incident to possible warfare, and for service in peace time with the civilian population. And now, as the American Red Cross is entering upon its peace program, the service of the graduate nurse in the homes of the sick and the afflicted will constitute a more and more important and appealing feature of Red Cross effort.

The Nursing Service of the American Red Cross was organized and almost from its inception conducted under the leadership of Miss Jane A. Delano, who died on April 15, 1919, but who during her whole life typified the gentlest and the most beautiful qualities of American womanhood. During the period immediately preceding the great war, Miss Delano, by her skill, perseverance and inspiring leadership, contributed effectively to the organization of a nursing reserve for the Army, Navy and Public Health Service which enrolled 36,916 nurses for war and other purposes. She was throughout the period of hostilities in charge of the American Red Cross Nursing Service. Those who knew her realized at all times that it was her dearest wish to dedicate her life to developing the future program of Red Cross service incident to the coming peace.

Whereas, It has been the feeling of the American Red Cross that it could not confer its Distinguished Service Medal upon any American citizen for service during the war without violating the sensibilities of that great body of our people who found their supreme recognition and compensation in the mere opportunity during the war to serve the American Red Cross,

Nevertheless, In view of the service, so unobtrusive yet always so vital, performed by the trained nurse during the war, before the war and now, and in view of Miss Delano's great distinction and devoted spirit in that service,

Be It Resolved, by the General Board, that the Distinguished Service Medal of the American Red Cross in gold be conferred in memory of Miss Jane A. Delano.

Mrs. August Belmont, a member of the Central Committee, seconded the resolution. In a brief but eloquent address, she paid tribute to the memory of Miss Delano and to the significant and noble services rendered by the nurses who were inspired by her leadership.



The resolution was unanimously adopted by a silent standing vote.

**ATTENTION! NURSES IN ARMY, NAVY, OR U. S. PUBLIC  
HEALTH SERVICE**

The attention of nurses who have been reappointed to service is called to the fact that a time limit has been fixed by many states in which application may be made for State bonus, given to nurses in service during the war. If there are those who are entitled to this bonus and have not applied for the same, it is suggested that they communicate with the State Bonus Board, in the capitol of the state in which they are residents. Should they have received the information that the time limit has expired, the Bonus Board advises that the nurses file their applications, nevertheless, as there is a possibility of the bonus legislation being reopened.

**MISS NOYES COMPLETES NURSING SURVEY ON THE CONTINENT**

According to the most recent communications, Clara D. Noyes, Director of the Department of Nursing, American Red Cross, who has just completed a survey of Red Cross nursing activities in Europe, will return to this country about Christmas.

Miss Noyes' work has covered a period of three months and has taken her from Red Cross Headquarters in Paris into some of the most war devastated sectors of the Continent. Helen Scott Hay, Chief Nurse to the A. R. C. Commission to Europe, accompanied Miss Noyes on her tour. Their itinerary included Prague, Czecho-Slovakia; Warsaw, Poland; Vienna, Austria Hungary; Belgrade, Serbia; Sofia, Bulgaria; Athens, Greece; and portions of Albania and Montenegro.

In covering this territory, Miss Noyes has gathered valuable information for the constructive Red Cross European nursing program and the essential needs of the people for the ensuing year.

**NORWEGIAN NURSE ENVOY TO TEACHERS COLLEGE**

Graduate trained nurses average ten, twelve, and fourteen hours of day duty and fourteen hours of night duty in Norway, according to Aagot Larsen, a graduate of a hospital in Christiania, Norway, her home. Miss Larsen is now taking the Instructors' Course at Teachers College, Columbia University. She is the envoy of her hospital, which is very eager to introduce into Norway American methods of conducting training schools in connection with their hospitals. The eight-hour day now being introduced into some American hospitals, and the excellent instruction now being given in food selection have interested Miss Larsen particularly.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

UTAH. During the first week of October, the Utah State Fair was held in Salt Lake City. This year's health exhibit broke all records of former years. Nearly every organization engaged in any health activity contributed its share toward making an instructive and entertaining exhibit. The greater part of the second floor of the Manufacturers' Building, which is one of the largest on the grounds, was given over to the health exhibits. Booths, eight feet deep, were built along three sides of the walls and artistically decorated. The central part of the floor was given over to dancing and an orchestra furnished music every afternoon and evening throughout the Fair week. Needless to say this was one of the most popular departments.

The State Board of Health had three booths; one of these was equipped for a model health center, with a baby health station. The second booth contained models of sanitary privies, fly traps, chlorination plants, etc. On the walls were posters dealing with every phase of public health and also showing the work that had been accomplished by the state health department. The literature of the State Board of Health was in this booth for free distribution. The third booth, which was an enclosed room, was given over to the Social Hygiene exhibit.

The Utah Public Health Association had a forty-foot booth adjoining the exhibit of the State Board of Health. The walls were covered with numerous and attractive posters on tuberculosis and other health subjects. The models in this booth were designed to catch the eye of the visitors. The purpose was accomplished, for day after day crowds gathered around to watch the lights flash alternately from the right to the wrong sleeping rooms, and to listen to the bell tolling every time tuberculosis claimed a victim in the United States. The fly and his family were among the models which drew crowds to this booth.

The Charity Organization Society of Salt Lake City had a very interesting exhibit showing the activities of that association along health lines.

The Parent-Teachers' Association was present with scales and measuring board and, in addition to weighing and measuring children, their nurses demonstrated the work that was being done in the city to correct the nutritional defects of school children. The Civic Center booth proclaimed the activities of the local clinic. The Day Nursery

reminded the public that it was properly caring for children in its institution.

The Utah State Nurses' Association had a representative on duty each day during the Fair and reminded the public that they are celebrating the Florence Nightingale Centennial by enlisting one hundred young women of Utah for the training schools of the state.

The Recreation Committee had a very attractive rest room on the floor, where mothers and children could rest and enjoy the music as well as watch the dancing. This committee also had a real playground on the Fair grounds well equipped with modern apparatus,—a model which teachers could copy in the small communities and rural district schools.

Salt Lake County Schools had a model school dental clinic and showed the work that was being done along dental lines in the schools of the county.

A large tent was erected on the grounds by the Utah Public Health Association for showing health films and for five-minute talks by those competent to speak on health subjects. The State Laboratory also had a very interesting exhibit. But that which delighted the hearts of the children most of all and drove home numerous lessons was Chow Chow, Utah's health clown. During the week of the Fair, Chow Chow spent his mornings visiting the city schools and giving entertainments. Afternoons and evenings he was the most popular person on the grounds and at the health booths so far as the children were concerned. Many fathers and mothers, too, consulted Chow Chow on diets and numerous other health questions.

One of the teachers said that Chow Chow accomplished as much in one entertainment for the children as he could in fifty lessons. The children will do whatever Chow Chow says: if he tells the class to drink a pint of milk, they will drink it; if he tells them to wash their hands before meals, they will do it; if he says movies are not good for the boys and girls, then they won't go. "Wonderful method of teaching good health habits," said the teacher.

The nurses, too, were active in making the health exhibits a success. The training schools of the city responded by sending members of their Senior classes to help interest the public in health work. Throughout the entire week nurses were on duty in the various health booths.

**CONNECTICUT.** At a meeting of the New Haven Visiting Nurse Association, November 16, the following nurses were formally notified of their appointment to positions on the staff: Elizabeth O'Keefe, M. Winifred La Fontaine, Beatrice Sutherland, Ida E. Stephanofsky, Mrs.

Minnie King Johnson, Marie R. Le Blanc, Sophie H. Belser, Mrs. Sadie B. Shelton, Etta Harris, and Norma Feeney.

The Visiting Nurses had never been satisfied with the coöperation obtained in the colored section. Some months ago Mrs. Johnson, a colored trained nurse, was engaged and her appointment to the staff indicates that her success has been appreciated.

Miss O'Keefe, Miss Le Blanc and Mrs. Shelton complete the staff of six nurses at the New Haven Health Center. The visiting nurse work in New Haven has always been highly specialized. In the three wards served by the Health Center the school nursing is carried on by two nurses employed by the City Health Department. Each of the six Health Center nurses carries on in her district all branches of public health nursing. She cares for the prenatal cases, teaches mothers the care of well babies, looks after the tuberculosis cases and their families, visits the employees of certain coöperating industries and does the actual instructive bedside nursing required. Each nurse, with a physician, conducts a well baby conference for the mothers of her district.

The Health Center provides, through its staff of physicians, a complete physical examination for any resident, conducts a prenatal clinic and will shortly open a baby conference.

The nurses are learning that, by means of the experience in generalized nursing, their training is being rounded out and supplemented so that each one will be able at the end of the three-year Health Center experiment to do an independent piece of constructive public health work.

It is expected that funds will shortly be available for the employment of additional nurses. A total of seventeen nurses is the number desired for the demonstration of generalized nursing in the Health Center district.

---

The New York Committee on After-care of Infantile Paralysis Cases has published and distributed a report on The Survey of Cripples in New York City. This report is of value to students of sociology and social welfare and to those engaged in work for the needy and for cripples. The aim has been to send this report to those in positions of responsibility in agencies for cripples. If any have been overlooked, the committee would appreciate suggestions for further possible distribution. Address, Robert Stuart, Director, New York Committee on After-care of Infantile Paralysis Cases, 69 Schermerhorn Street, Brooklyn, N. Y.



# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF  
ALICE SHEPARD GILMAN, R.N.

## A CAMPAIGN FOR RECRUITING NURSES

BY CAROLYN E. GRAY, R.N.

The need of the right sort of publicity to bring the advantages offered by schools of nursing to the women of our country was the subject of earnest discussion at various meetings of the New York City League during the fall of 1919 and the winter of 1920. In every instance we were seemingly blocked by the fact that, like most things, and to a greater degree than many others, publicity costs money. As the date of Florence Nightingale's centennial drew near, we received many offers from those who were willing to help some form of publicity, provided we could outline a general plan, and coördinate the activities of various groups. This we were only too willing to do, but the great difficulty was that we had no one among our busy women free to formulate a comprehensive program, and no money to finance it. We were, however, glad to take advantage of the opportunity to coöperate with the State Charities Aid Association, the New York City Visiting Committee, and the Board of Managers of Bellevue Training School, in planning for a centennial dinner to commemorate the one hundredth anniversary of the birth of Florence Nightingale.

These plans materialized on the evening of May 12, when six hundred guests sat down to dinner at the Hotel Biltmore. The speakers of the evening paid many glowing tributes to Florence Nightingale's life and work, and frankly discussed the great need for a very much larger number of student and graduate nurses than are available at present. All of the speeches were brilliant and inspiring, but the keynote was struck by Dr. Livingston Farrand, who stated that the Red Cross intended to launch a nation-wide campaign to recruit student nurses.

Shortly after this dinner, Homer Folks, executive officer of the New York County Chapter of the American Red Cross, asked the Advisory Committee of the League to submit a plan of campaign and a tentative budget to cover the same. The plan and the budget were submitted late in May, and while these were being considered, Mr. Folks authorized the League to secure a nurse executive to make a

<sup>1</sup> Read at a meeting of the New York State Nurses' Association, Albany, October 23, 1920.

survey and plan for such work as could be carried on during the summer and until such time as the plans of the Red Cross for nation-wide publicity were matured. We placed our request for a nurse executive before many superintendents, and are indebted to Anna C. Maxwell for sending us E. E. Pearce, a graduate of the Presbyterian Hospital in New York, who had served in France during the war, and who, by virtue of her varied experience, seemed well fitted for the proposed task. Miss Pearce sensed our problem promptly and set to work with an enthusiasm that has been a source of inspiration to all with whom she has worked, and which accounts in large measure for the degree of coöperation she has enlisted.

Her first work was to make a survey of the high schools, private schools, vacation camps of the Y. W. C. A., the Girl Scout camps, and private vacation camps.

Our desire was to secure as many opportunities as possible to make addresses on the life of Florence Nightingale and to illustrate these addresses by lantern slides, which were considered an interesting foundation on which to fashion a talk leading up to modern nursing. As our plans progressed we came to feel that in addition to the lantern slides, we needed some pictures of modern developments in nursing to enable us to show, in rather vivid fashion, the contrast, between what we are pleased to call, the old, and the new.

A careful search of moving pictures revealed six or seven films, each containing a few pictures which could be assembled in a composite illustrating various branches of the nursing profession. The Red Cross owns these films, excepting the one belonging to the National Organization for Public Health Nursing. Several of them were made during the war and were used for Red Cross propaganda, and contain vivid pictures of hospitals and of happenings in the lives of nurses. Mr. Waddell, chief of the Red Cross Bureau of Moving Pictures, was asked if it would be possible to use a part of the film, "In the Footsteps of Florence Nightingale," as foundation, and add to it valuable pictures from the other films, and Miss Crandall also was approached with a request that a few pictures from the film, "An Equal Chance," might be used.

At first this proposition was met with almost a refusal, but after reconsideration of the great need for excellent publicity matter, Mr. Waddell, representing the Red Cross, agreed to make the film as desired, and the National Organization for Public Health Nursing, through Miss Crandall, gave a splendid contribution of some of its pictures.

At various stages of this part of the work, certain members of the League approved the pictures selected, and upon completion of

the film, Miss Noyes saw it and expressed herself as desirous of having it shown as a part of the National propaganda.

These pictures were not complete until the latter part of June, too late to show them in many of our high schools or private schools, because examinations were approaching and it was impossible to secure appointments. We turned at once to the executives of the Y. W. C. A., who, from the very first approach, have given our movement whole hearted support and sympathy. By a great piece of good luck, we were allowed to show our pictures at the Silver Bay Assembly, where they made a delightful impression.

These lantern slides and pictures have been used as a basis for talks on the advantages of nursing as a profession, and have been shown in the following camps:

Miss Morgan's vacation camp at Greenwood Lake. The pictures were shown in the Parish House to about 150 girls from the camp and 125 summer people.

In thirteen Y. W. C. A. camps:

Summit Lake Camp on Bear Mountain,—225 girls. The pictures were given in an old barn, with most of the girls seated on the floor. The introduction was given with much point and earnestness by Miss Joliffe, the director of the camp.

Camp "Quannacut," Bear Mountain,—100 girls. The living room was pressed into service. The girls were so closely seated on the floor that one spoke with an eye on the acetylene gas tank, notwithstanding the fact that a girl had been mounted guard each side of it.

Saddle River, New Jersey,—75 girls. Here also a barn was used as an assembly room and a number of neighbors came in to see the pictures.

Long Beach, New Haven, Conn.—75 girls. A very small living room, overcrowded, and the hall filled with neighbors.

Shadowbrook Camp, Cornwall, Conn.—100 girls, (and one boy). There was much excitement here, as this was the first entertainment of the summer.

Camp Altamont, New York,—225 girls. A most marvelous situation on the Heldeberg Hills,—an assembly room of splendid proportions; the Councillors here were especially keen and interested. The Councillors in each camp are a group of college women, of superior calibre. When the camp group consisted of quite young girls, there was always the satisfaction of having presented the opportunities of our profession to this group of college women.

Brantingham Lake, near Utica, N. Y.—100 girls, camp remotely situated on a lake, pictures given in the open air.

Tully Lake, near Syracuse, N. Y.—250 girls, a fine assembly room and splendid response.

Canandaigua, N. Y.—75 girls, intelligent group, intimate discussion after the pictures.

Camp "Magua," Poland, Maine,—250 girls, a perfect assembly room and marked response.

Camp Canton, Canton, Mass.—75 girls, pictures were given in the living room.

Camp Mckonikey, Martha's Vineyard, Mass.—50 girls, two girls in this camp had already seen the pictures and were splendid advance agents. The Councillors in this camp were especially responsive.

Summer School, Syracuse University,—about 200 were present; the lantern slides and moving pictures were given in Forestry Hall. Every possible cooperation was given by Dr. Petry, Dean of the Summer School. Excellent press notices were given in the three papers.

Here I may explain that in many of the camps there was no moving picture machine, and often no electricity, so Miss Pearce started off on these trips with a set of slides, a moving picture film, a portable lantern, and an acetylene gas tank, plus her own suit case, for this was all done during the summer season, often in intensely hot weather. No one will ever convince me that the spirit of our nursing pioneers is either dead or dying; on the contrary, I believe it is being translated in terms of new and different forms of service, and as justification for my belief I offer this picture of one of our members starting off in enervating summer weather laden down with all this paraphernalia, yet filled with an enthusiasm that difficulties seemed only to stimulate.

Summer days are delightfully long, and darkness falls late. In one assembly room there was no way provided to shut out the daylight that came in through a large window back of the platform. A search of the village stores yielded nothing, until the material used to cover the counters at night was discovered, borrowed, and tacked across the offending window to darken the room. Enterprising, you will say, and I agree heartily.

#### *Girl Scout Camps:*

Central Valley, N. Y.,—200 girls, the day on which the pictures were to be shown was a series of catastrophes, no acetylene gas being available in New York, the last train to Central Valley was missed in hopeless waiting for a supply promised from Bound Brook, New Jersey. Determined not to disappoint the girls, a train was taken to the station nearest Central Valley, only to alight in the face of a severe thunderstorm and to find no car from the Camp in waiting. The ascent up the mountain was made in a Ford car, pivoting on two wheels around slippery curves, chased by vivid lightning. The arrival at Camp was more than a reward, as several young girls called out: "We thought you weren't coming at all!" It took more than ordinary courage to admit that there was no gas with which to show the pictures; however, the inspiration of those young faces and the sympathy of the Councillors gave one a splendid start and the girls were as intent and silent as if they were being offered something quite thrilling. After the talk, the storm cleared and the singing of the girls followed one far down the hill.

A new Girl Scout Camp has been established at Dover, N. J. Though quite in the wilds, the clever Director had managed to produce comparative comfort and in spite of a rain storm the pictures were given in the canvas covered dining room and were a diversion as well as instruction. One hundred girls were present.

The moving pictures were shown at the Summer School of Teachers College,—about fifty nurses being present.



*Three Private Camps:*

Camp "Hanoum," Thetford, Vt.,—100 girls. It was through the courtesy of Professor Farnsworth of Columbia University that the pictures were shown at this camp. One cannot say too much of the spirit with which Professor and Mrs. Farnsworth have directed and inspired these girls. The pictures were shown in a large assembly room overlooking the lake and met with much appreciation.

Camp Aloha, Fairlee, Vt.,—150 girls. A number of interesting women give instruction in the various arts and crafts which distinguish this camp, and these formed an interested part of the audience. Mrs. Farnsworth made an approach to this camp possible. Mrs. Gulick, who conducts it, gave a charming introduction and Miss McMann, the nurse in charge, had given a happy foreword. To these must be given credit for the atmosphere and the response.

Camp "Wynona," Lake Morley, Vt.,—200 girls. Mrs. Gulick in turn gave introduction to Mrs. Osgood, the Director of Camp "Wynona." The girls offered splendid material and Mrs. Osgood and the Councillors expressed themselves as believing that the evening had been entirely worth while.

On several occasions it has been possible to speak to small groups assembled almost by accident as, for example, The Women's Club, Mount Washington, Md.; the Community Club, Morristown, N. J.; and the Red Cross at Bernardsville, N. J.

This brings our report to the closing of the camps and the opening of our regular schools. In passing we must record our appreciation of the cordial reception tendered our representative and the keen interest displayed by the director of the various camps. The following abstract from Miss Pearce's report to the Red Cross may serve as a resumé of the summer's work:

It has been a problem, one might say a game, to hold the attention of young people on a holiday and always at the close of a physically exhausting day, but the audiences have been attentive and have responded quickly to a turn of speech or story. They have asked intelligent questions and have admitted quite frankly that a new light had been thrown on schools of nursing and the vast opportunities offered by the profession. Many of the girls are too young to begin training at once, but they are interested and want to direct their education towards entering our schools. A number of letters have been received from prospective applicants and from mothers who were concerned to learn more about the profession in which their daughters had become interested.

Mr. Folks, in his address as presiding officer at the Biltmore dinner, stated that by far the most important remedy for the present shortage of student nurses was "*popular education* as to what trained nursing may be made to mean to the American people, and the great career of useful public service which it offers, (1) in the care of the sick, and (2) in the prevention of disease."

We feel that our publicity represents one form of "*popular education*," as the total number reached during the summer was approximately 6,000.

We are indebted to an endless number of people for the most

cordial coöperation. If time permitted, one would like to mention them all, but we must name the officers of the Young Women's Christian Association, who admitted us to their camps, and above all, the New York County Chapter of the Red Cross which has borne all the expense. Homer Folks, its executive officer, has proven a wonderful friend and has successfully presented and interpreted our cause to the Executive Committee of this Chapter.

At one time during the summer we were in great need of literature to leave at the Camps. In this emergency, the New York Branch of the Alumnae Association of Johns Hopkins Hospital sent us a check for \$15 to purchase a supply of the Florence Nightingale Centennial copies of *Opportunities in the Field of Nursing*. This same association intends during the winter to offer prizes for essays on the Life of Florence Nightingale, and for posters for our use. A fine and public spirited example, we hope that many other alumnae associations will follow suit.

It is most encouraging to be able to report that the work is to go on. A small committee with Anna C. Maxwell as chairman and representatives from the League, from the Red Cross, and from the Y. W. C. A. are formulating plans for a campaign of much greater scope, and hopes to enlist the services of a large committee to include representatives of hospital trustees, boards of lady managers, hospital superintendents, men and women of public spirit, and nursing leaders. With the backing of such a representative committee, we are hopeful that we may be able to carry out in full some of the suggestions contained in our original scheme.

A collection of printed material and press notices has been arranged by Miss Bowman of the Lenox Hill Hospital. Most of this has been incidental, as we have had no regular publicity expert to look after this part of our scheme, but here again we have been fortunate, for what finer type of publicity could we imagine than Dr. Finley's beautiful poem, "Florence Nightingale," written on May 12, 1920, and totally different, though equally appreciated, the nursing number of the State Charities Aid Association, and its wide distribution, for which we are indebted to Homer Folks. It is good to be a New York nurse in this centennial year, to have a Governor Smith to sign our bill, a Commissioner of Education dedicate a poem to us, a Dr. Downing always ready to help us, and a Homer Folks to interpret our problems so sympathetically that he is constantly making friends for us.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

**INDUCED IMMUNITY TO ENTERIC DISEASES.**—*The Canadian Medical Association Journal* has an editorial on the result of experiments in induced immunity to enteric diseases made at the Pasteur Institute. It was found that when an animal was sensitized by the administration of ox gall, living cultures of typhoid, paratyphoid or dysentery bacilli given by mouth produced the disease. The lesions were found only in the intestine. It is argued that if a human being is first sensitized by the taking of ox gall, the ingestion by the mouth of killed cultures of the enteric diseases will set up a complete protection against future infection. If these results are proved clinically, epidemics will lose their terrors.

**THE DISCOVERER OF ETHER.**—*William Thomas Green Morton*, the discoverer of ether as an anesthetic, has been elected to a place in the Hall of Fame. Professor Welch says, "Surgical anesthesia has been America's greatest contribution to medicine and surgery."

**HEREDITARY EFFECTS OF ALCOHOL.**—*The Journal of the American Medical Association* states that experiments have shown that even as small an amount of alcohol as 0.25 cc, given daily, reduced the growth of white rats and lessened the duration of life. This and larger amounts up to 2.25 cc daily caused partial or complete sterility in both sexes, a large proportion of still births, and a progeny with a high infant mortality,—the effects extending to subsequent generations.

**CATS AS DIPHTHERIA CARRIERS.**—In a case reported in *The American Journal of The Medical Science* a woman died of diphtheria after being in contact with two cats, both of which died. Diphtheria bacilli, which infected guinea pigs, were isolated from the cats. It thus seems possible that cats may contract diphtheria and communicate it to human beings.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

### ARRANGEMENT OF HOURS OF DUTY FOR TWO NURSES

Dear Editor: The first nurse on the case is in charge and the decision should be left to her. It is customary for the first nurse in the case to take the day duty, but if she is really in need of a relief nurse, she will accept her gratefully, whether she arrives at 8 a. m. or 8 p. m.

Arizona

M. B.

### OUR FIRST GRADUATE NURSE

Dear Editor: I think you would be interested to know that I have just returned from a visit to Miss Richards. She is better than I expected to find her. The old fire still burns brightly; her enthusiasm is keenly alive to the needs and responsibilities of the alumnae of her school. It does one's heart good to talk with her; her friendship is a blessing from heart and soul.

New York

A. A.

### A GRADUATE NURSES' CLUB

Dear Editor: I wonder if other nurses would be interested in our Graduate Nurses' Club, membership in which is open to all graduate nurses of our city. We meet every three weeks, transact business, if there is any, play cards, and have refreshments. We all enjoy it, as we have a nice social time. Each member pays ten cents a meeting. Last year we gave our funds to charity, but this year we are placing it in a savings account to be used in the future for any member of the club who is down and out.

Iowa

A. B.

### A PUPIL NURSE'S IMPRESSION OF A STATE MEETING

Dear Editor: I was both surprised and delighted when I learned that I had been chosen to accept an invitation extended to our hospital to send a senior nurse to a meeting of the State Nurses' Association. I was surprised that student nurses were invited to attend such a convention and delighted that I was chosen to represent our hospital. I was in a state of excitement and eagerness from the time I learned I was to go until I arrived at my destination. In a very short time I learned that those women had assembled there with all sincerity and earnestness with but one object in view, namely: the uplifting of their profession. Regardless of the subject under discussion, whether Red Cross nursing, public health nursing, private duty nursing, or recruiting for nurses, the desire of each individual seemed to be to so standardize that particular branch that the entire profession should be raised to the highest possible plane. I felt proud that I was entering a profession which had for its leaders women of such genuineness and sincerity, charm and refinement. I could not but wish that all student nurses might know that such capable leaders were trying to raise the standard of the profession of which sooner or later they would become a part. I came home determined to bring at least one message to my sister nurses, "Let us forget the strife and pettiness of life and so live that we may worthily become a part of that profession the members of which have been properly called, 'God's ministering angels'."

Kansas

N. P.



## PEAT BATHS

Dear Editor: Some readers may be interested in hearing of the peat bath treatment given to a friend of mine at the Harrogate "Hydro" in Yorkshire, England. This patient was a girl eighteen years old, who had suffered severely since her menstrual periods started. She had undergone three small operations without getting much relief and found her general health growing poor in consequence. Her mother arranged for a consultation with a celebrated gynecologist in London, who advised the peat bath treatment. Fortunately, the family was in comfortable circumstances, as the treatment is expensive. The treatment prescribed for this patient was four baths a week, two glasses of mineral water drunk twice daily through straws to prevent discoloration of the teeth, plenty of fresh air, and sleep. The building where the baths were given is a large one, well equipped with baths and showers. The tubs are long and wide, about seven feet by four feet, and are sunk a little below the level of the floor. The tub is half filled with water, one hundred degrees Fahrenheit and kept at this temperature. About six pounds of dried peat is added to the water. The peat is collected from bogs in Yorkshire, dried and prepared for these medicinal baths. Each patient has a private room and a special nurse. A trained nurse supervises the baths. A patient is left in the bath for one hour unless she shows signs of exhaustion. A careful record of each patient's weight is kept. These baths have become famous for the aid they give in dysmenorrhea. My friend found that her weight increased, her general health improved, and her periods were much less painful. She was soon able to return to her home and to resume her studies. She has since married and has three sturdy children.

Massachusetts

A. H.

## A PLEA FOR SHORTER HOURS

Dear Editor: Every training school in this country should have an eight-hour day for nurses. It is the only right thing. Of course, it can be managed. Is it not already being managed in schools where the standard is being raised? In this age, when we are all living under such tension, no human being can work longer than eight hours and keep physically and mentally fit. It is not so much of a question of more nurses and more money, as it is a question of shifting of schedules. There are several ways of doing this. Perhaps the best way is to have two day shifts, changing each week. One shift can be from 8 a. m. to 3 p. m., and one from 3 p. m. to 10 p. m. The night shift, for one month only, can be from 10 p. m. to 8 a. m. By this plan the work is done more efficiently, the nurses are satisfied and the spirit is right. I have seen this schedule used in several places and the comparison between it and the old way is unbelievable. If the nursing standard is to be kept high, the spirit of coöperation will have to prevail in the training schools, and the niggardly fear and the petty discipline will have to disappear. As for private duty, it is all very well to speak of the wonderful sacrifice a nurse makes, and I'm sure we all wish to make sacrifices, but what if this sacrifice starves body and soul? As it is, that is exactly what is happening. If the nursing world wishes able-bodied, forward thinking, progressive women in its ranks, it must protect them and give them a chance to live,—not just to exist. It is true that Florence Nightingale was a shining candle in the profession, but who will be the Tungsten burner?

New Jersey

J. T.

## NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office by the 15th of the month in order to ensure publication in the JOURNAL of the following month.

### NURSES' RELIEF FUND, REPORT FOR NOVEMBER, 1920

<i>Receipts</i>	
Previously acknowledged .....	\$6,949.25
Interest on bonds .....	87.13
Interest on Jane A. Delano's legacy .....	40.00
California: State Nurses' Association .....	148.68
Delaware: Tacie M. Mathews, Wilmington .....	2.00
District of Columbia: Columbia and Children's Hospital Al. Assn., Wash- ington, \$25 .....	25.00
Florida: Cynthia May Mabbett, St. Augustine .....	1.00
Georgia: State Nurses' Association .....	50.00
Iowa: State Nurses' Association .....	16.50
Illinois: A Public Health Nurse, Chicago, \$50; Harriet Fulmer, Chi- cago, \$2 .....	52.00
Indiana: State Nurses' Association .....	25.00
Kentucky: Sarah E. Dock, Paducah .....	3.18
Massachusetts: G. M. Taylor, West Newton, Mass., \$1; State Nurses' Association, \$445.05 .....	446.05
Michigan: State Nurses' Association .....	33.00
Minnesota: State Nurses' Association .....	75.00
Missouri: State Nurses' Association, \$79; Children's Mercy Hospital Al. Assn., Kansas City, \$6 .....	85.00
Nebraska: Emma Fjellin, Omaha .....	1.00
New Jersey: State Nurses' Association, \$77; Martha R. Cameron, Eliza- beth, \$10; *Hulda Randall, Camden, \$2 .....	89.00
New York: *State Nurses' Assn., \$56; *Mrs. Kline, Dist. No. 14, \$5; *A. L. Hanson, Dist. No. 1, \$5; *Emily J. Ryan, Dist. No. 4, \$50; *Dist. Assn., No. 1, \$12; *Mrs. W. H. Aldridge, New Rochelle, \$30; *Mary M. Kelly and R. Rauber, Dansville, \$2; *Dist. No. 13, \$60; *Albany Hospital, Dist. No. 9, \$15; *Emma J. Jones, Rochester, \$5; *Jessica S. Heal, \$5; *Mrs. Elizabeth L. Hawkswell, Rochester, \$5; St. Mary's Al. Assn., Brooklyn, \$35; State Nurses' Assn., \$91; Edith Robbins, Buffalo, \$5; Rose Green, New York Hospital, \$5; Saranac Lake Graduate Nurses' Assn., \$10; Dist. No. 10, \$19; Minnie J. Hahner, Schenectady, \$5; Dist. No. 2, \$4; a member Mt. Sinai Al. Assn., \$1; Marian R. Doyle, Brooklyn, \$5; Lillian Halliday, Brook- lyn, \$1; Misericordia Hospital Al. Assn., \$10; Otsego County Nurses' Assn., Oneonta, \$10; Mrs. Roderick Byington, Brooklyn, \$23.82 .....	474.82
Ohio: Dist. No. 5, \$1; Dist. No. 8, \$13; Dist. No. 13, \$11 .....	25.00
Oklahoma: State Nurses' Association .....	59.75
Pennsylvania: State Nurses' Association .....	76.00
Tennessee: H. G. Bionin, Memphis .....	1.00
Washington: State Nurses' Association, \$10; Whatcom Co. Assn., \$10 ..	20.00
West Virginia: State Nurses' Association .....	19.00
Wisconsin: Dist. No. 6, \$83; Dist. No. 3, \$25 .....	108.00

\* Given in Memory of Sophia F. Palmer.

**\$8,912.36**

*Disbursements*

Paid, to 15 applicants .....	\$245.00
Exchange on cheques .....	20
	<hr/>
	245.20
	<hr/>
Invested funds .....	\$ 8,667.16
	<hr/>
	26,500.00
	<hr/>
Total .....	\$35,167.16

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,  
BORDEAUX, FRANCE

(Contributions received up to December 18, 1920)

Previously acknowledged.....	\$49,287.87	New Hampshire .....	5.00
(Also 240 francs)		New Jersey .....	109.50
California .....	22.00	New York .....	66.50
Georgia .....	25.50	Pennsylvania .....	41.00
Illinois .....	1.00	South Carolina .....	25.00
Iowa .....	117.00	Texas .....	25.25
Kentucky .....	135.00	Virginia .....	5.00
Maine .....	8.25	West Virginia .....	5.00
Massachusetts .....	112.00		
Minnesota .....	50.00		
Nebraska .....	18.00		
			<hr/>
			\$50,058.87

ARMY NURSE CORPS

During the last month the Station Hospital at Fort McDowell, California, was closed and Chief Nurse Maude Bowman, Army Nurse Corps, was transferred to Letterman General Hospital, San Francisco. The remainder of her staff were transferred to other western hospitals.

The following named nurses have been transferred from the Reserve to the Regular Corps: Ruth C. Anderson, Katherine Harrington, Bessie I. Miller, and Clara G. Washington.

A recent special decision has been rendered in regard to the award of Victory Medals. Nurses who were attached to Evacuation Hospital No. 5, during its entire service are entitled to the Oise-Aisne Battle Clasp as well as the Aisne-Marne, Meuse-Argonne, and Ypres-Lys. Nurses, therefore, who were attached to this hospital and who have received their medals without the Oise-Aisne clasps should write to the Office of the Surgeon General in regard to it.

The attention of nurses who have been reappointed to service is called to the fact that a time limit has been fixed by many states in which applications may be made for state bonus for service during the war. If there are those who are entitled to this bonus and have not applied for it, it is suggested that they communicate with the State Bonus Board in the capital of the state in which they

are residents. Should they have received the information that the time limit had expired, the Bonus Board advises that the nurses file their application, however, as there is a possibility of the bonus legislation being reopened.

At a recent reunion of those members of the Vassar Training Camp for nurses who are just completing their hospital course, held at Vassar College, November 26-28, an address on the Army Nurse Corps was made by the Superintendent of the Corps. More than one hundred college women who are now nurses were guests of the college, as were many prominent nurse educators who were closely associated with the Training Camp in the summer of 1918. Of the three hundred ninety-eight young women who completed their summer course at Vassar and entered hospitals, one hundred sixty-eight are graduating. One member of the group is in the Army School of Nursing.

On her recent western trip, the Superintendent of the Corps had the great pleasure of meeting many former members of the Corps, as she visited many civilian hospitals which are connected by affiliation with the Army School of Nursing. At the University of California, she was particularly interested in meeting again and talking with a group of former Army Nurses, all of whom are beneficiaries under the Federal Board for Vocational Education, taking courses under the Department of Public Health Nursing at that institution.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,  
and Dean, Army School of Nursing.*

#### NAVY NURSE CORPS

Perhaps more than other branches of the Government Service does the Navy believe that the most satisfying reward is that which comes to one from the knowledge that one has tried to give one's best efforts to the work required. Comparatively few in the Navy received the outward and visible sign of the keen appreciation which was felt for their services during the World War; and it may be said that each one to whom an award was given was chosen as representing a number.

In the recent noting of the award of the Navy Cross to the Superintendent of the Navy Nurse Corps, in testimony of the appreciation of the work of the whole Corps, the following is a concise comment expressing the feeling of the Navy Department in general, for the Nurse Corps: "The work of the women nurses in the Navy during the World War commands the praise of Naval Officers, particularly the Officers of the Medical Corps. Their devotion to duty was especially marked during the terrible epidemic of 1918 when twenty-four of their number made the supreme sacrifice. Chief Nurses often had as many as a thousand people under their supervision and their responsibilities were exceedingly great. The successful record of the Naval Hospitals during this period is due in a great degree to these efficient women and to the loyal coöperation of the nurses who served with them; and who, without thought of individual reward, gave their best services to their country. It is, therefore, deemed appropriate that the Navy Nurse Corps should be recognized in the distribution of awards by the Navy Department."

In the next issue, it is believed the arrangements with regard to the method of obtaining the Victory Medal will be sufficiently complete to give the information to the nurses at large, through the columns of the JOURNAL. Navy Nurses at present assigned to Naval Hospitals, who served for any period from April 6, 1917, to November 11, 1918, may obtain their Victory Medals through the Commanding Officers of the hospitals.



The following Nurse U. S. N. has been appointed and assigned to the Naval Hospital, New York: Louisa Eleanor Langstaff, from New York City.

The following Reserve Nurses have been appointed and assigned to the Naval Hospital at the station indicated: Maude F. Essig, from New York City, to New York, N. Y.; Nellie E. Treuthart, from St. Louis, Mo., to League Island, Pa.; Anne Victoria Ballard, from Huntington, West Virginia, to Hampton Roads, Va.; Jutta J. Andersen and Florence S. Qualman, from New York City, to Norfolk, Va.; Rose M. Culbertson, from Buffalo, N. Y., to Charleston, S. C.; Katharine C. Hansen, from Gulfport, Miss., to Gulfport, Miss.; Laura Louise Holmes, from Wilmette, Ill., to Great Lakes, Ill.; Vivant Mary Stewart, from Chicago, Ill., to Great Lakes, Ill.; Helen Jane O'Brien, from San Francisco, Cal., to San Diego, Cal.; Alma E. Finke, from San Diego, Cal., to San Diego, Cal.

The following nurses have been transferred: Helen F. Connally, from Newport, R. I., to New York, N. Y.; Carrie H. Lappin, Chief Nurse, U. S. N., from League Island, Pa., to U. S. S. *Hancock*; C. Irene Reed, from League Island, Pa., to U. S. S. *Hancock*; Mary Agnes Mulcahy, from Mare Island, Cal., to Washington, D. C.; Mary V. Ennis and Helen M. Worster, from Chelsea, Mass., to Hampton Roads, Va.; Emma Louise Hehir, Chief Nurse U. S. N., from Chelsea, Mass., to Pharmacist's Mates School, Norfolk, Va.; Caroline V. Graham and Ruth E. Martin, from New York, N. Y., to Charleston, S. C.; Sarah Almond, Chief Nurse U. S. N., Ruth M. Anderson, Adah M. Drinkwater, and Mary D. Towse, from San Diego, Cal., to U. S. S. *Mercy*; Virginia Lee Gray and Leah Marie Janson, from Washington, D. C., to Hampton Roads, Va.; Elizabeth Hoag and Alma G. Stiansen, from New York to Hampton Roads, Va.; Mary Agnes Mulcahy, from Washington to New York, N. Y.; Marie I. Luckina, from Norfolk, Va., to Gulfport, Mississippi; Viola M. Visel, from Great Lakes, Ill., to Hospital Corps Training School, Great Lakes, Ill.; Harriet A. Harris, from Chelsea, Mass., to Great Lakes, Ill.; Elizabeth L. Tope, from Chelsea, Mass., to Great Lakes, Ill.; Therese D. Burns and Williamina M. Laurenson, from Chelsea, Mass., to Parris Island, S. C.; E. May Sartin, from Mare Island, Cal., to Gulfport, Miss.; Mary Brooks, Chief Nurse U. S. N., from Guam to Canacao, P. I.; Louise Cooke and Mina A. King, from Puget Sound, Washington, to Guam; Adah M. Pendleton, Chief Nurse U. S. N., from Depot of Supplies, Quartermaster U. S. M. C., Philadelphia, Pa., to Key West, Fla.; Anna McAloon, from Washington, D. C., to League Island, Pa.; Elizabeth Hopkins, Chief Nurse U. S. N., from Key West, Fla., to Norfolk, Va.

**Honorable Discharges.**—Florence J. Nelson, Mare Island, Cal.; Margaret F. Haggerty, Washington, D. C.; Anna E. Sands, Great Lakes, Ill.; Louise E. Koenig, Puget Sound, Wash.; Katharine W. Patterson, Washington, D. C.

**Resignations.**—Isabelle M. Baumhoff, Chief Nurse, U. S. N., Base Naval Station, Norfolk, Va.; Odie M. Powell, Mare Island, Cal.; Edith L. Farasey, Charleston, S. C.; Florence M. King, League Island, Pa.; J. Ruth Wasson, Mare Island; Helen F. Connally, New York, N. Y.; Eunice S. Baines, Portsmouth, N. H.; Frances B. Hilts, San Diego, Cal.; Mary S. Bryant, Great Lakes, Ill.; Winifred Dollar, Charleston, S. C.; Mary A. Gohery, Portsmouth, N. H.; Viola T. Lorch, New Orleans, La.; Christian Meek, Fort Lyon, Colo.; Edith Mae Potter, New York, N. Y.; Mary Grace Turner, Great Lakes, Ill.; Beulah M. Waggoner, Gulfport, Miss.; Lillian M. Brown, Hampton Roads, Va.; Bessie L. Coombs, Annapolis, Md.; Madeline E. Wall, Newport, R. I.; Kate Victoria Grubbs, Gulfport, Miss.; Myrtle N. Kinsey, Washington, D. C.; Violet C. Lundquist, Mare Island, Cal.

*Reserve Nurses placed in Inactive Status.*—Alma T. Kessler, Great Lakes, Ill.

*U. S. N. R. F. Inactive Status.*—Natalia V. Terrell, New Orleans, La.; Nellie J. De Witt, Charleston, S. C.

*Assigned to duty as Chief Nurse.*—Galena W. Deignan, Navy Yard Dispensary, Washington, D. C.; Sarah Almond, U. S. S. *Mercy*; Mina A. King, upon reporting at Guam.

*Distitition Transferred.*—Florence B. Hanks, from Fort Lyon, Colo., to Naval Base Station, Norfolk, Va.

LENAH S. HIGGEE,  
Superintendent, Navy Nurse Corps.

#### U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following is the list of promotions and transfers for the month of November: Alma Wrigley, appointed Chief Nurse, Arrowhead, Cal., No. 54; Nan Sullivan, Philadelphia, No. 49, promoted to Acting Chief Nurse and transferred to Chicago, No. 5; Christine McGrath, West Roxbury, No. 44, promoted to Acting Chief Nurse, West Roxbury, Mass.; Louise Wenke, Fox Hills, promoted to Assistant Chief Nurse, Fox Hills, N. Y., No. 61; Florence Gemmill, Chief Nurse, West Roxbury, transferred as Chief Nurse, Augusta, Ga., upon opening of hospital there; Mary Stacey, Assistant Chief Nurse, New York, No. 38, transferred as Chief Nurse, Hudson Street, N. Y., upon opening of hospital there. A neuropsychiatric hospital was opened at Augusta, Ga., a tuberculosis hospital at Oteen, N. C., and a general hospital at Fox Hills, Staten Island, N. Y. Deming, N. M., will be reopened the first of the year, and Camp Kearney, Cal., is being opened now. Hospitals at Kansas City, Mo., St. Paul, Minn., and Ft. Thomas, Ky., will be opened within a short time.

LUCY MINNEGEBODE,  
Superintendent of Nurses, U. S. P. H. S.

**Alabama.**—THE ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting in Mobile, January 18.

**Colorado.**—THE COLORADO STATE NURSES' ASSOCIATION will hold its annual meeting in Colorado Springs beginning February 10.

**Connecticut.**—THE CONNECTICUT STATE NURSES' ASSOCIATION will hold its annual meeting in Hartford, probably the last week in January. Hartford.—ST. FRANCIS TRAINING SCHOOL ALUMNAE, at its October meeting, elected the following officers: President, Veronica Roche; vice-president, Mabel Toomey; secretary, Kathryn V. Odell; treasurer, Mary Moore. Bridgeport.—THE FAIRFIELD COUNTY INDUSTRIAL NURSES' ASSOCIATION held its annual meeting December 7. The meeting was in the form of a banquet and seventeen members were present. The association, formed one year ago with eleven members, has now twenty-eight. Meetings are held monthly. Among the speakers for the past year have been: H. M. Bullard of the Bullard Machine & Tool Company, Thomas Mason of the Charity Organization Society, Mrs. Mabel Godman of Public Charities, Helen F. Boyd of the Visiting Nurses' Association, and Dr. Harold M. Clarke, Industrial Surgeon. The officers for the coming year are: President, May Neumann; vice-president, Cecil Lockwood; treasurer, Laura Benedict; secretary, Ann A. Fox.

**District of Columbia.**—THE GRADUATE NURSES' ASSOCIATION held its first meeting of the season November 30. Forty-three new individual members were

admitted, and the Alumnae Associations of the George Washington, Columbia and Children's Hospitals were enrolled in corporate membership. Five new directors were elected to fill vacancies on the Board: Nellie Reed, Mrs. Mary Healy, Myra Drake, Josephine O'Donnell and Isabel Dunkin. Mrs. Tucker gave an interesting account of the meeting of the Federation of Women's Clubs to which she was a delegate. A report was made on the provisions of the Curtis-Gard Bill for the protection of child life in the District of Columbia, and the support of the Association was pledged to it. Also ways and means of assisting in the student nurse campaign were discussed. A tentative program, educational and social, was outlined for the coming year.

**Florida.**—THE FLORIDA STATE NURSES' ASSOCIATION held its annual meeting in Tampa, November 18 and 19, 1920. There were several interesting addresses and papers, among which were: Child Welfare, by Dr. E. H. McRae; Life of Florence Nightingale, by Mary Conoley; History of the Florida State Nurses' Association, by Isabel Odiorne; Public Health Nursing, by Ida Spaeth. Jane Van De Vrede of Atlanta, Ga., also addressed the nurses and her interest and cooperation in helping to solve some of the pressing problems were much appreciated. The entertainments were a reception at the DeSoto Hotel and an auto ride. The following officers were elected: President, Lillian Hollyhand, Clearwater; vice-presidents, Margaret L. Greener and Ida S. Grant, Orlando; secretary, Mary D. Conoley, Orlando; treasurer, Esther Brown, St. Petersburg; president of State Board, Anna L. Felting; secretary-treasurer, Mrs. L. D. Benham, Hawthorne. The nurses feel very grateful to the nurses, doctors and townspeople of Tampa who helped to make the meeting helpful and pleasant.

**Georgia: Augusta.**—THE UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION, at a meeting in October, elected the following officers: President, Emma Dozier; vice-president, Miss Thomas; secretary, Margaret Dorn; treasurer, Annie Shivers. Plans for a larger attendance were fully discussed. At the November meeting the association enjoyed a debate given by four members on, "Resolved, that Private Duty Nursing Is More Beneficial to the Nurse Than Institutional Work." The judges were tied in their decision.

**Illinois.**—THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING is organizing state committees known as The Friends of Public Health Nursing, as a part of the plan to secure 50,000 new members. A committee is about to begin work to secure the Illinois quota with Morton D. Hull as chairman. Mr. Hull gave a luncheon at the Union League Club, Chicago, on November 27, to forty-five guests from different parts of the state. Mrs. Ira Couch Wood, State Representative for Illinois, and Edna L. Foley, president of the National Organization, gave short talks on the history, work, and need of such an association as the National. These were followed by many offers of assistance. The Committee will begin its work under most encouraging circumstances. **Chicago.**—THE JUNIOR LEAGUE OF CHICAGO has joined the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, 300 strong. \$5.00 for each member has been given from the funds of the League, to pay for non-professional memberships. *The Public Health Nurse*, the official magazine of the organization, will be sent to each member, beginning January, 1921. The members of the League are also doing a great deal of voluntary work with Health and Social Agencies of the city. THE SCHOOL OF SOCIAL SERVICE ADMINISTRATION OF THE UNIVERSITY OF CHICAGO announces courses which begin January 3, March 28 and June 20, 1921. Graduate Nurses who meet the admission requirements of the School, and who desire courses in Social Service Administration in order to fit themselves for Hospital Social

Service Work, or for other positions in the Public Health Nursing Field, will be admitted to such courses as are adapted to their needs. Field Work with the Social Case Work Agencies of Chicago will be provided and inspection visits to the offices of the Public Health Agencies and conferences with the superintendents of those agencies will be arranged. THE ALUMNAE ASSOCIATION OF ST. LUKE'S TRAINING SCHOOL FOR NURSES plans to canvass the Association for subscriptions to the JOURNAL by having a member of each class responsible for soliciting from members of her class. THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL FOR NURSES held its bi-monthly meeting on November 2. Dr. J. H. Belagni, from the University of Illinois Dental School, gave a talk on Oral Hygiene for Children, illustrated with lantern slides. Mary Day Barnes, class of 1892, and Mabel Blackmar, class of 1896, are taking the course in Public Health Nursing at Western Reserve University, Cleveland. Commitment services were held on October 2, for Carmelita O'Connor, who died in France in January, 1918. Miss O'Connor was a graduate of The North Chicago Training School, class of 1914. She went into service in October, 1917. ALTON.—ST. JOSEPH'S HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting, December 7. A Relief Fund committee was appointed and plans were made to raise funds in the near future. Applications were made for admission by the Alumnae as a body into the Illinois State Nurses' Association, District No. 14. Plans are being perfected for a \$200,000 addition to St. Joseph's Hospital with a nurses' home included. Jane Hemmer, who is a charter member of the Alumnae Association, and who was among those who served overseas, has accepted a position as public health nurse in San Jose, Calif. Zeta Callahan, who has been in service for the past three years, now being stationed at Marfa, Texas, expects soon to resume her duties as a private duty nurse. J. Collins of St. Louis has accepted the position of surgical nurse in St. Joseph's Hospital, to succeed Helen Cousins.

Indiana: Indianapolis.—DISTRICT NO. 3 OF THE INDIANA STATE NURSES' ASSOCIATION, at its annual meeting, November 12, elected the following officers: President, Dr. Maude McConnell; secretary, Charlotte Hochstetler; treasurer, Emma Schimmelman. Edna L. Hamilton, graduate of the Welsey Memorial Hospital, Chicago, and of DePauw University, has accepted the position of superintendent of the Public Health Nurses' Association. Miss Hamilton has been doing public health work with the Tuberculosis Department of Chicago. Mary L. Crist, graduate of the Methodist Hospital, has been acting superintendent for the past few months. Grace Austin, class of 1918, Indianapolis City Hospital, has accepted a position in the American Hospital, Mexico City, Mexico. Maude Tucker has accepted a position at the Deaconess Hospital. BLUFFTON.—Mabel Shutt, graduate of Huntington County Hospital, Huntington, and formerly superintendent of Schneck Memorial Hospital, Seymour, has accepted the position of superintendent of The Wells County Hospital.

Iowa.—THE IOWA STATE REGISTERED NURSES' ASSOCIATION held its seventeenth annual meeting, December 1-3, at the Iowana Hotel, Creston. The invocation was given by Rev. Samuel Brown, the address of welcome by Mayor Keith, the response by Emma Wilson of Des Moines. The address of the president, Mary C. Haarer, was followed by reports of officers, committees and districts. All ten districts were represented and gave good reports of their activities of the past year. Contributions had been made to the Raker-Jones Bill and the Memorial Fund; and pledges were made for the Nurses' Relief Fund. The Civic Federation served tea and Mrs. Carlton Marsh of Galesburg, Ill., gave a very



enjoyable song recital. The evening session was devoted to Public Health questions, with addresses on Rural Public Health Nursing by Minnie H. Ahrens, Chicago; Coöperation of the Home Economics Extension Division and Public Health Nursing by Miss Knowles of the State University; The Relation of the Parent-Teachers' Association to the Public Health Nurse, by Mrs. Millicent Schaar, Lincoln. Thursday morning interesting, instructive and entertaining demonstrations were given: Esther Bunch and Emma Wilson, on Private Duty Nursing; a student nurse of the Greater Community Hospital, on Hospital Methods; Miss Countryman, as Ita, Health Clown, and Mrs. Mudge of New York conducted a Nutrition Class. At the buffet luncheon Dr. Sampson and Dr. Watts told of the work of the Greater Community Association. Thursday afternoon the following papers were read and discussed: Problems of Private Duty, by Winifred Boston of Cedar Rapids; Are the Iowa Laws Regarding Nursing Adequate? by Anna Drake of Des Moines; and Nursing Problems and Laws, by Mary C. Wheeler of Chicago. Thursday evening the High School girls were guests of the Association when Katherine Olmsted of the Central Council for Nursing Education spoke on Recruiting Nurses. The films: An Equal Chance, and Following in Her Footsteps were shown. Friday morning, round tables for the different sections were held. In the general meeting, the new program of the National Hospital Association was reported by Amy Beers. Miss Wheeler gave an interesting account of the survey made by her Committee, and Miss Olmsted told about Missouri's plans for new legislation. The revision of the Constitution and By-Laws was completed and it was decided to hold the next meeting at Iowa City. An excellent non-commercial exhibit was arranged by Miss Kampmier and Miss Corter of the University Hospital. Much credit is due to the Program and Entertainment Committee for the efficient manner in which everything was conducted. Elba Morse was Chairman of this committee. The following officers were elected for the coming year: President, Mary C. Haarer, Iowa City; vice-presidents, Amy Beers, Fairfield, and Marie Dales, Sioux City; secretary, Gyda Bates, Cedar Rapids; treasurer, Adah Hershey, Des Moines. The State League of Nursing Education elected the following officers: President, Marie Brammer, Hampton; vice-president, Emma Wilson, Des Moines; secretary, Mary Elder, Burlington; treasurer, Faith Ankeny, Des Moines; directors, Mary Haarer and Amy Beers. THE RED CROSS PUBLIC HEALTH NURSES OF IOWA were in session at Creston on November 30. Misses Ahrens, Tittman, Robinson and Streeter, from the Central Division, Chicago, were present. Miss Ahrens conducted the meetings. Miss Drake of Des Moines, Miss Bixler of Adams County, Miss DeLasky of Calhoun County, Miss Baxter of Linn County, and Miss Stallard of Ringold County gave exceptionally good demonstrations in school inspection and health stories; 66 of the 71 nurses were present. A question box proved very helpful.

**Maine.**—THE MAINE STATE NURSES' ASSOCIATION will hold its annual meeting in Lewiston, January 26 and 27.

**Maryland.**—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Osler Hall, 1211 Cathedral Street, Baltimore, January 27 and 28. The Maryland State Public Health Nurses' Association and the Maryland State League of Nursing Education will have charge of several of the sessions. The most important business to be transacted is to consider a revision of the constitution and by-laws of the State Association to conform with the by-laws of the American Nurses' Association. Among the speakers will be Mrs. Fereba B. Croxton, State supervising nurse, of Virginia, and Dr. R. A. Spaeth,

Johns Hopkins School of Hygiene and Public Health. A list of Maryland nurses who died in service was included in the papers buried under the corner stone of Synod Hall, the first building in the group of the Episcopal Cathedral of the Incarnation. The corner stone was laid on November 11, Armistice Day. Maryland is probably the first state to thus honor its nurses who died in service.

**Massachusetts.**—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination January 11 and 12. Applications may be had on request and must be filed in proper form not less than seven days before the examination date. Walter P. Bowers, M.D., Secretary, State House, Boston. THE MASSACHUSETTS STATE NURSES' ASSOCIATION at its recent meeting passed resolutions expressing the appreciation of its members for the various activities of the late Dr. Laura A. C. Hughes, for her leadership, cooperation, ability and untiring zeal; and their deep regret and sorrow at their loss, caused by her death. Dr. Hughes was a charter member of Red Cross Chapter, chairman of the local committee of Red Cross Nursing Service, teacher of home nursing in the high schools, member of Boston's medical board of health and also an active member of the medical profession. She planned and was a leader in carrying out the survey of the nursing resources of the state during the war. Newton Centre.—THE MIDDLESEX COUNTY BRANCH OF THE STATE ASSOCIATION, assisted by THE NEWTON CHAPTER OF THE AMERICAN RED CROSS, held a Florence Nightingale centennial celebration, November 20. There were music, addresses and the motion picture, "Following in the Footsteps of Florence Nightingale." Tewksbury.—THE STATE INFIRMARY TRAINING SCHOOL FOR NURSES held graduating exercises on September 28 for a class of fifteen nurses. Dr. Francis W. Anthony, a member of the Board of Trustees, made the address. Diplomas were presented by Galen L. Stone, Chairman of the Board. Laura E. McEachern, superintendent of nurses, presented the school badges to the nurses. THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held a meeting on October 5. Fifteen new members were voted on and accepted as members of the association. The following officers were elected for the coming year: President, Anna O. Dwyer; vice-president, Eleanor N. Dewings; recording secretary, Mary A. Curran; corresponding secretary, Mary L. Riordan; treasurer, Mary Ross. Fall River.—UNION HOSPITAL ALUMNAE ASSOCIATION held a Hallowe'en dance which was very successful. The proceeds, \$250, will be used toward the permanent delegates' fund. The Association held its annual meeting, December 1. The report of the treasurer showed the organization to be in good financial condition and the entertainment committee reported that \$500 have been added to the Permanent Delegates' Fund. The following officers were elected: President, Mrs. F. B. Albert; vice-president, Mrs. Emma D. Shay; treasurer, Rosella A. Wells; recording secretaries, Meta I. McCullum and Helen Carson; corresponding secretaries, Anna E. Duffy and Elizabeth E. Leach; auditor, Bertha Clark; directors, Lavina Slinn, Elizabeth Platt, Alice Dyer and Mary E. Mason. A special program was planned for the January meeting, which is the fifteenth anniversary of the organization.

**Michigan.**—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold examinations on January 12 and 13 in Lansing. Applications should be sent to the secretary, Mrs. Helen deSpelder Moore, Lansing. THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION will meet in Saginaw, January 26 and 27. THE MICHIGAN HOSPITAL ASSOCIATION held its midwinter meeting in Grand Rapids, December 7 and 8. The Legislative Committee reported on two matters: the suggested amendments to the nurses' bill which are quite similar to the bill passed in New

York State last summer, and the introduction of a bill to protect hospitals and sanitariums in much the same manner as hotels are protected. The Committee on Recruiting of Pupil Nurses reported the work which had been done during the summer and suggestions were made for the coming year. The Committee on Preliminary Training for Nurses reported that they were preparing to confer with boards of education in cities having Junior Colleges with the hope that something in the way of preliminary training might be introduced. Dr. Andrew R. Warner spoke on affiliation of State Hospital Associations with the American Hospital Association. John A. Lapp, editor of *Modern Medicine*, spoke on Newer Phases of Health Organizations. Harriet Leck, from the State Department of Health, Lansing, gave a paper on Relation of Michigan Hospitals to the Public Health Nursing of the State. A round table was conducted by Dr. Warren L. Babcock and many hospital problems were discussed. The next meeting of the association will be held in Ann Arbor, June 7 and 8. Grand Rapids.—Elizabeth Vanderbilt left, November 29, for Nan Chong, China, to take charge of Dr. Ida Kahn's hospital.

**Minnesota.**—THE MINNESOTA STATE NURSES' ASSOCIATION has a change of officers as follows: Secretary, Margaret Crowl, St. Paul; treasurer, Sophia E. Olson, St. Paul.

**Mississippi.**—THE MISSISSIPPI STATE BOARD FOR REGISTRATION OF NURSES will hold an examination in the New Capitol, Jackson, January 3 and 4. Applications should be sent to the secretary-treasurer, Bessie O. Brougher, City Hall, Jackson.

**Missouri: St. Louis.**—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting, elected the following officers: President, Isabelle G. Simpson; vice-president, Ferol Eckman; secretary, Irene McIntire; treasurer, Adele Steinmetz; board of directors, Kate Appel, Virginia E. Ford, Mrs. Alice Blankenship. Fourteen members of the class of 1920 were accepted by the association. Five old members were reinstated and one member was exempted from dues on account of illness. Mabel Schaffner, class of 1919, is attending Teachers College, Columbia University, New York. Mrs. Glennie Waters, class of 1920, is attending Chicago Lying-In Hospital, Chicago. Beatrice Bamberger, class of 1917, has accepted a position as head nurse in Bellevue Hospital, New York. Caroline Struck, class of 1914, has been transferred to Letterman General Hospital, San Francisco, Calif. Erna Sutton, class of 1918, has been transferred to Camp Knox, Tenn. Avis Fletcher, class of 1914, has resigned her position as superintendent of Green Gables Sanitarium, Lincoln, Nebraska, on account of illness. Ida Willard, class of 1911, is night superintendent of a Tuberculosis Hospital for Soldiers at Hamilton, Ont. Mrs. Monta Martin, class of 1911, is Night Superintendent of St. Louis Maternity Hospital. Margaret Clark, class of 1919, is superintendent of nurses of St. Louis Maternity Hospital. THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting, elected the following officers: President, Marie Brockman; vice-presidents, Cordelia Ranz, Anna Bentfeld; recording secretary, Louise Sheid; corresponding secretary, Rieke Boedeker; treasurer, Mary Stahl; executive board, Anna Iten, Emma Bruenger, Louise Seibel. There are fourteen new members; seven have married; one has died. **Kansas City.**—*Christian Hospital Items*, published by the senior class of Christian Church Hospital, is an interesting little magazine.

**Nebraska: Lincoln.**—DISTRICT ASSOCIATION No. 3 of the State Association held its sixth regular meeting on November 30. Following the business meeting, Dr. Wolf gave a talk on a bill regarding School Nursing which she expects to introduce into the next legislature. The bill provides that the school health work

shall be taken out of the hands of the State Board of Health and put under State Board of Education. Miss Peterson gave a very interesting talk on her work as a nurse for the Tuberculosis Association. Dr. Bailey gave an address on Ideals and Ethics in which he criticized the rates adopted by the nurses.

New York.—THE NEW YORK STATE BOARD OF NURSE EXAMINERS will hold examinations, January 24-26, 1921, at Buffalo, Syracuse, Utica, New York and Albany. Applications should be made ten days in advance to Mr. H. Hamilton, Examinations Division, University of the State of New York, New York City.—THE METROPOLITAN HOSPITAL SCHOOL OF NURSING ALUMNAE held a bazaar at the nurses' residence on November 18 and 19 which was a great success. The proceeds of nearly \$1,000 was added to the Sick Benefit Fund of the Association. The alumnae also held an interesting meeting at the Central Club in November. Adda Eldredge, former interstate secretary, gave a short address. Helen McCormack, Assistant District Attorney of Kings County, spoke on non-partisan politics and of the importance of nurses entering more actively into political interests. THE PRESBYTERIAN HOSPITAL extends a cordial invitation to graduates of any school of nursing needing hospital care to use the Eliza DeWitt Memorial Room. This room was endowed by Mrs. Morris K. Jesup in memory of her mother. It is a private room and is frequently used and highly appreciated by nurses overtaken by illness or requiring operative interference. THE FRENCH HOSPITAL ALUMNAE ASSOCIATION at a meeting on November 9 elected the following officers: President, L. E. Townsend; vice-president, M. A. Clayton; recording secretary, B. M. Clarry; corresponding secretary, M. M. O'Connor; treasurer, C. Carrigan; trustees, M. E. Armstrong, L. Gorley, and M. Condon. Dr. R. H. McConnell was elected an honorary member. Dorothy O'Connell, a delegate to the New York State convention, gave an excellent report. THE LENOX HILL HOSPITAL ALUMNAE ASSOCIATION at a recent meeting elected the following officers: President, Liba Butler; vice-presidents, Freada Meyer and Marie Allenspach; treasurers, Margaret E. White and Margaret Gude; secretaries, Mae V. Stockheimer and Bertha Attenhofer. The executive committee consists of: Elizabeth P. Lindheimer, Susanna Ludwig, Gertrude Ackerman, Mrs. Lavinia Chapman, Rose Schneider and Bertha Becht. Brooklyn.—THE NURSES' ASSOCIATION OF THE COUNTIES OF LONG ISLAND held a meeting November 23. After the business meeting, Lady Anne Azgeptian gave an interesting description of conditions in the Near East. Adda Eldredge and Elizabeth Golding were present. Rochester.—THE GENESSEE VALLEY NURSES' ASSOCIATION, DISTRICT No. 2, gave a pageant on November 29 to celebrate the centenary of Florence Nightingale's birth and as a means of recruiting student nurses. Pupils from the nine training schools of the district participated and depicted the rise of the nursing profession through the different periods up to the time of Florence Nightingale. Portions of Florence Nightingale's life were portrayed and the final scene included the present day nurses and pupils. Motion pictures were shown and Miss Pearse, representing Central Headquarters and the Red Cross, gave a most interesting talk. The pupils of the various schools made a number of excellent posters which were exhibited and prizes were offered for these, as well as for the best grouping of any particular period. The pageant proved very successful. Kingston.—THE KINGSTON CITY HOSPITAL held graduating exercises on November 17 for a class of three students. Adda Eldredge and Dr. George F. Chandler gave addresses. Hon. James A. Betts, president of the Board of Managers, awarded the diplomas. Saranac Lake.—SARANAC LAKE GRADUATE NURSES' ASSO-



CIATION, DISTRICT No. 8 held a meeting, December 7. Publicity of the amendment of the Nurse Practice Act was discussed.

**North Dakota.**—THE EXECUTIVE BOARD OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its semi-annual meeting on October 14, at Grand Forks. The main business transacted was the accepting of new individual members, and several Alumnae Associations. Arrangements were made for the next State Convention, which is to be held at Grand Forks, in April, 1921. Esther H. Teichmann, secretary of the State Nurses' Association, is taking the course in Public Health at the University of Minnesota.

**Ohio: Cleveland.**—THE LOCAL LEAGUE OF NURSING EDUCATION has now become a section of District No. 4, as has also the Public Health Organization and the Private Duty Section. Reports from the different meetings of the sections are given at the District Association, which meets each month. Five nurses from District No. 13 are on duty in Salem during the typhoid epidemic. Roma Lambert has accepted the position of superintendent of nurses at Lima City Hospital, to succeed Margaret B. Matur. Miss Lambert has done executive hospital work for a number of years and recently completed a course in Columbia University. **Warren.**—DISTRICT No. 3 THE STATE ASSOCIATION held a meeting November 17, at which time a motion was made that resolutions be drawn up in support of the Shephard-Towner bill. Lucile Conrow, class of 1920, Salem Hospital, has accepted a position as industrial nurse at Girard, Ohio. Clara B. Peck, who was superintendent of General Hospital, Ashtabula, has resigned to become superintendent of the Oil City Hospital, Oil City, Pa. **Cincinnati.**—DISTRICT No. 8 OF THE STATE ASSOCIATION held its regular monthly meeting on November 22. Presidents of the women's organizations of the city were invited to be present to hear Mrs. Lowman of Cleveland address the meeting on the Nightingale Endowment Fund. After a discussion the members accepted the plan as presented by Mrs. Lowman. The club house committee plans to give an entertainment in February to raise funds for building a club house, which will be a center for all nursing activities in the city. The local League of Nursing Education held a meeting November 20. The private duty section was invited to be present and the discussion of the standardization of hospitals as requested by the national committee was very interesting to all. **Springfield.**—DISTRICT No. 11 OF THE STATE ASSOCIATION held a meeting November 20. Mrs. John H. Lowman gave a talk on the proposed Nightingale Foundation Fund. Three nurses left for Salem November 14, to aid in the typhoid epidemic. Two public health nurses have returned.

**Pennsylvania.**—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its eighteenth annual convention in Erie, November 9-12. The invocation was given by Bishop Rogers Israel and the address of welcome by Judge William E. Hirt. The response to this address was given by Susan Heitzenrater. This was followed by the president's address. After the formal opening, a reception was given by the Ladies of St. Vincent's Hospital Auxiliary and Hamot Hospital Aid Society. At the business meeting a great deal of routine business was transacted. The Fifth District was taken into the State Association, and thus the reorganization of the State Association was completed. The State is now divided into nine districts, each one of them being fully organized. Some changes were made in the by-laws, making them uniform with those of the American Nurses' Association. An urgent plea was made in behalf of the JOURNAL, it being stated that for twenty years the AMERICAN JOURNAL OF NURSING was the sole object of interest to Sophia F. Palmer, that its existence is due

shall be taken out of the hands of the State Board of Health and put under State Board of Education. Miss Peterson gave a very interesting talk on her work as a nurse for the Tuberculosis Association. Dr. Bailey gave an address on Ideals and Ethics in which he criticized the rates adopted by the nurses.

**New York.**—THE NEW YORK STATE BOARD OF NURSE EXAMINERS will hold examinations, January 24-26, 1921, at Buffalo, Syracuse, Utica, New York and Albany. Applications should be made ten days in advance to Mr. H. Hamilton, Examinations Division, University of the State of New York, New York City.—THE METROPOLITAN HOSPITAL SCHOOL OF NURSING ALUMNAE held a bazaar at the nurses' residence on November 18 and 19 which was a great success. The proceeds of nearly \$1,000 was added to the Sick Benefit Fund of the Association. The alumnae also held an interesting meeting at the Central Club in November. Adda Eldredge, former interstate secretary, gave a short address. Helen McCormack, Assistant District Attorney of Kings County, spoke on non-partisan politics and of the importance of nurses entering more actively into political interests. THE PRESBYTERIAN HOSPITAL extends a cordial invitation to graduates of any school of nursing needing hospital care to use the Eliza DeWitt Memorial Room. This room was endowed by Mrs. Morris K. Jesup in memory of her mother. It is a private room and is frequently used and highly appreciated by nurses overtaken by illness or requiring operative interference. THE FRENCH HOSPITAL ALUMNAE ASSOCIATION at a meeting on November 9 elected the following officers: President, L. E. Townsend; vice-president, M. A. Clayton; recording secretary, B. M. Clarry; corresponding secretary, M. M. O'Connor; treasurer, C. Carrigan; trustees, M. E. Armstrong, L. Gorley, and M. Condon. Dr. R. H. McConnell was elected an honorary member. Dorothy O'Connell, a delegate to the New York State convention, gave an excellent report. THE LENOX HILL HOSPITAL ALUMNAE ASSOCIATION at a recent meeting elected the following officers: President, Liba Butler; vice-presidents, Frenda Meyer and Marie Allenspach; treasurers, Margaret E. White and Margaret Gude; secretaries, Mae V. Stockheimer and Bertha Attenhofer. The executive committee consists of: Elizabeth P. Lindheimer, Susanna Ludwig, Gertrude Ackerman, Mrs. Lavinia Chapman, Rose Schneider and Bertha Becht. **Brooklyn.**—THE NURSES' ASSOCIATION OF THE COUNTIES OF LONG ISLAND held a meeting November 23. After the business meeting, Lady Anne Argepstan gave an interesting description of conditions in the Near East. Adda Eldredge and Elizabeth Golding were present. **Rochester.**—THE GENESSEE VALLEY NURSES' ASSOCIATION, DISTRICT No. 2, gave a pageant on November 29 to celebrate the centenary of Florence Nightingale's birth and as a means of recruiting student nurses. Pupils from the nine training schools of the district participated and depicted the rise of the nursing profession through the different periods up to the time of Florence Nightingale. Portions of Florence Nightingale's life were portrayed and the final scene included the present day nurses and pupils. Motion pictures were shown and Miss Pearse, representing Central Headquarters and the Red Cross, gave a most interesting talk. The pupils of the various schools made a number of excellent posters which were exhibited and prizes were offered for these, as well as for the best grouping of any particular period. The pageant proved very successful. **Kingston.**—THE KINGSTON CITY HOSPITAL held graduating exercises on November 17 for a class of three students. Adda Eldredge and Dr. George F. Chandler gave addresses. Hon. James A. Betts, president of the Board of Managers, awarded the diplomas. **Saranac Lake.**—SARANAC LAKE GRADUATE NURSES' ASSO-

CIATION, DISTRICT No. 8 held a meeting, December 7. Publicity of the amendment of the Nurse Practice Act was discussed.

**North Dakota.**—THE EXECUTIVE BOARD OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its semi-annual meeting on October 14, at Grand Forks. The main business transacted was the accepting of new individual members, and several Alumnae Associations. Arrangements were made for the next State Convention, which is to be held at Grand Forks, in April, 1921. Esther H. Teichmann, secretary of the State Nurses' Association, is taking the course in Public Health at the University of Minnesota.

**Ohio: Cleveland.**—THE LOCAL LEAGUE OF NURSING EDUCATION has now become a section of District No. 4, as has also the Public Health Organization and the Private Duty Section. Reports from the different meetings of the sections are given at the District Association, which meets each month. Five nurses from District No. 13 are on duty in Salem during the typhoid epidemic. Roma Lambert has accepted the position of superintendent of nurses at Lima City Hospital, to succeed Margaret B. Matur. Miss Lambert has done executive hospital work for a number of years and recently completed a course in Columbia University. **Warren.**—DISTRICT NO. 3 THE STATE ASSOCIATION held a meeting November 17, at which time a motion was made that resolutions be drawn up in support of the Shephard-Towner bill. Lucile Conrow, class of 1920, Salem Hospital, has accepted a position as industrial nurse at Girard, Ohio. Clara B. Peck, who was superintendent of General Hospital, Ashtabula, has resigned to become superintendent of the Oil City Hospital, Oil City, Pa. **Cincinnati.**—DISTRICT NO. 8 OF THE STATE ASSOCIATION held its regular monthly meeting on November 22. Presidents of the women's organizations of the city were invited to be present to hear Mrs. Lowman of Cleveland address the meeting on the Nightingale Endowment Fund. After a discussion the members accepted the plan as presented by Mrs. Lowman. The club house committee plans to give an entertainment in February to raise funds for building a club house, which will be a center for all nursing activities in the city. The local League of Nursing Education held a meeting November 20. The private duty section was invited to be present and the discussion of the standardization of hospitals as requested by the national committee was very interesting to all. **Springfield.**—DISTRICT NO. 11 OF THE STATE ASSOCIATION held a meeting November 20. Mrs. John H. Lowman gave a talk on the proposed Nightingale Foundation Fund. Three nurses left for Salem November 14, to aid in the typhoid epidemic. Two public health nurses have returned.

**Pennsylvania.**—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its eighteenth annual convention in Erie, November 9-12. The invocation was given by Bishop Rogers Israel and the address of welcome by Judge William E. Hirt. The response to this address was given by Susan Heitznerater. This was followed by the president's address. After the formal opening, a reception was given by the Ladies of St. Vincent's Hospital Auxiliary and Hamot Hospital Aid Society. At the business meeting a great deal of routine business was transacted. The Fifth District was taken into the State Association, and thus the reorganization of the State Association was completed. The State is now divided into nine districts, each one of them being fully organized. Some changes were made in the by-laws, making them uniform with those of the American Nurses' Association. An urgent plea was made in behalf of the JOURNAL, it being stated that for twenty years the AMERICAN JOURNAL OF NURSING was the sole object of interest to Sophia F. Palmer, that its existence is due

to her unceasing work in its behalf, and that, therefore, no more fitting memorial could be established to her memory than a JOURNAL to which every nurse subscribed. It was also stated that the nurses ought to become contributors towards the material published in the JOURNAL, and that there must be many interesting cases which come to their attention that could be reported. The Nurses' Relief Fund was fully discussed and the leaflet, "When Your Ship Comes In," was distributed. It was decided that the State of Pennsylvania should contribute more towards this fund, and that all contributions should be sent to the State Chairman, so that the Pennsylvania Association will be able to know how much money is collected, and from what source. Attention was called to the sale of the Florence Nightingale calendar, and each district was urged to dispose of as many as possible. The private duty nurses' section held two very interesting meetings. At a round table on Mental and Nervous Diseases, the discussion was led by Mrs. Amy McLaren of the State Hospital, Warren. This session showed that many nurses are interested in the nursing of nervous and mental cases, and that the general feeling is that not sufficient instruction is given in regard to these cases in training schools. At the business meeting of this section, hours, rates, and other purely business matters were discussed, and the following officers were elected: Chairman, Clara E. John, Pittsburgh; secretary, Margaret Montgomery, Philadelphia. No formal papers were presented at the regular meetings of the Association, but there were several very interesting round tables. Those on Problems of Small Hospitals and on the Curriculum were especially instructive. Blanche Knox, graduate of the Episcopal Hospital of Philadelphia, spoke on the work of the Near East Relief and as Miss Knox had just returned from Armenia, this was a narrative of her personal experiences. On the evening of Armistice Day, November 11, an open meeting of The American Red Cross Nursing Service was held in the Chamber of Commerce, conducted by Susan C. Francis, and Mr. J. Arthur Jeffres, Director Department of Civilian Relief, Pennsylvania, Delaware, Division, American Red Cross, gave An Outline of the Present Activities of the American Red Cross. Dr. David M. Dennis of Erie spoke on Vocational Training for Blind Soldiers. Invitations for the next annual meeting were received from Pittsburgh, Wilkes Barre, and York, the invitation from York being accepted. The following officers were elected: President, Margaret A. Dunlop, Philadelphia; vice-presidents, Roberta M. West, Philadelphia, and Carrie Best, Wilkes Barre; secretary-treasurer, Williamina Duncan, Pittsburgh; directors, Amy McLaren, Warren, and Harriet Gillett, Erie. Philadelphia.—THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held a regular meeting on December 6. A letter was read from Miss Maceverian, describing her work at Teachers College. Miss Van Thuyne, who was sent as a delegate to the state meeting, read a very interesting report. THE MOUNT SINAI HOSPITAL ALUMNAE ASSOCIATION at its annual meeting in December elected the following officers: President, Elizabeth Aaron; vice-president, Anna Kleiman; treasurer, Jeanette Cooper; secretary, Blanche G. Bieber; recording secretary and chairman of the press committee, Florence Fonareff. It was suggested that seven members of the class of 1921 be admitted to the alumnae. Thirty Florence Nightingale calendars and one thousand Christmas seals were sold. The association includes its subscription to the JOURNAL in its dues. Pittsburgh.—THE ALLEGHENY COUNTY CENTRAL REGISTRY is now established at 5820 Alder Street, with Theresa Vogt as registrar. THE MONTEFIORE ALUMNAE ASSOCIATION held its monthly meeting on December 7 at the home of the president, Rae M. Handmaker. The departure from the usual custom of holding the meeting in the nurses' home of the hospital



proved very successful. The success, financially and socially, of the dance held on October 13 was reported. Miss Handmaker gave a report of the meeting of the State Association in Erie, which she attended as a delegate. Miss Milligan of the Red Cross was a visitor, and spoke on Student Nurses and on Red Cross Membership. Miss Alpern, who has recently returned after two and a half years' service in Palestine under the American Medical Zionist Unit, told of her experiences. Mercy Hospital Alumnae Association, at its meeting on November 23, had a report of the state meeting from Hilda McAtee, the delegate. A social hour followed.

**South Carolina: Columbia.**—THE NURSES' ORGANIZATIONS OF THE CITY paid a tribute to leaders in the profession who have recently died, at a special service at Trinity Episcopal Church. In the processional, after the cross and the flag, four banners were borne, each bearing a name of those honored.—Florence Nightingale, Edith Cavell, Jane A. Delano, and Sophia F. Palmer. Bishop Finlay gave an address commemorating the services of these women.

**Washington: Tacoma.**—THE PIERCE COUNTY GRADUATE NURSES' ASSOCIATION held a meeting on December 6, in the Women's Club House, with a fair attendance of members. Following the reports Mrs. Elizabeth Soule, who takes a very important part in building up the Public Health Nursing movement in this State, gave a most interesting address on Public Health Nursing. Mrs. Soule gave an account of the complete course for Public Health Nursing now planned by the University of Washington, showing that our graduate, registered nurses will not need to take the long, expensive trip to the Far East, but will be given a course here which will compare very favorably with that given in any other university. **Spokane.**—Ethel H. Butts, recently superintendent of Deaconess Hospital, has gone to Korea as a missionary nurse under the Methodist Board. She will be located in Pyeng Yang.

#### BIRTHS

On December 5, in Macedon, N. Y., a son, to Mr. and Mrs. Bumpus. Mrs. Bumpus was May Briggs, graduate of Park Avenue Hospital, Rochester, N. Y.

On October 22, in Marcus, Iowa, a daughter, Helen Marie, to Mr. and Mrs. F. E. Rubbert. Mrs. Rubbert was Clara Maurer, class of 1912, Lutheran Hospital, Sioux City, Iowa.

On November 5, in Norristown, Pa., a son, to Mr. and Mrs. DeCallies. Mrs. DeCallies was Elsie Botdorf, graduate of Methodist Episcopal Hospital, Philadelphia.

On October 25, in Memphis, Tenn., a son, Fred S., Jr., to Mr. and Mrs. Fred S. Johnston. Mrs. Johnston was Agnes Costigan, class of 1908, Presbyterian Hospital, Memphis.

On November 18, in Cleveland, O., a son, to Mr. and Mrs. Stockhaus. Mrs. Stockhaus was Marie Kammeyer, class of 1914, Lutheran Hospital, St. Louis, Mo.

On November 25, in Overland, Mo., a daughter, to Mr. and Mrs. Louis Hecht. Mrs. Hecht was Lillian Buser, class of 1917, Lutheran Hospital, St. Louis.

In September, at West Suburban Hospital, Oak Park, Ill., a son, to Mr. and Mrs. Harry Lee Judd. Mrs. Judd was Miss French, class of 1910, St. Luke's Training School, Chicago, Ill.

On November 17, a son, to Mr. and Mrs. Scott. Mrs. Scott was Elsie Lewis, class of 1917, Massachusetts State Infirmary, Tewkesbury, Mass.

On November 20, a daughter, to Mr. and Mrs. Herman Otto. Mrs. Otto was Katherine Hickey, class of 1919, Massachusetts State Infirmary, Tewkesbury, Mass.

On December 4, a son, to Mr. and Mrs. Robert Mann Barr. Mrs. Barr was Katharine Field, class of 1906, Presbyterian Hospital, Philadelphia.

Recently, in Lexington, Ky., a daughter, to Mr. and Mrs. George Miller. Mrs. Miller was Aleta Atkinson, class of 1914, Good Samaritan Hospital, Lexington.

On November 10, a daughter, Katherine, to Dr. and Mrs. William Elmer of Rockford, Ill. Mrs. Elmer was Lenore Crompton, graduate of St. Luke's Hospital, Chicago.

In October, a daughter, to Mr. and Mrs. Ernest Stash, of Ridgefield, Conn. Mrs. Stash was Freda Rue, class of 1914, French Hospital, New York City.

On October 16, in New Haven, Conn., a daughter, to Dr. and Mrs. Brian Sword. Mrs. Sword was Margaret McMullen, class of 1919, Metropolitan Hospital, New York.

In October, in Westboro, Mass., a daughter, to Dr. and Mrs. Neil A. Dayton. Mrs. Dayton was Ann Pickup, class of 1919, Metropolitan Hospital, New York.

Recently, a daughter, to Mr. and Mrs. Joseph A. Lyman of Chicago. Mrs. Lyman was Edith Welton, class of 1917, Metropolitan Hospital, New York.

On September 13, in Van Wert, Ohio, a daughter, Betty Ann, to Mr. and Mrs. A. A. Mooney. Mrs. Mooney was Rilla Files, class of 1903, Hope Hospital, Fort Wayne, Ind.

On November 5, a son, to Mr. and Mrs. Ernest Dickson. Mrs. Dickson was Margaret Evans, class of 1911, Presbyterian Hospital, Philadelphia, Pa.

On November 1, a son, to Mr. and Mrs. D. Leland Wilson. Mrs. Wilson was Florence J. Ede, class of 1914, McNutt Hospital, San Francisco, Calif.

On August 23, a daughter, Carroll Barbara, to Mr. and Mrs. Philip E. Ryan. Mrs. Ryan was Margaret A. Bailey, class of 1913, Adams Nervine Asylum, Jamaica Plain, Mass.

In November, a daughter, to Mr. and Mrs. E. L. Sharpe. Mrs. Sharpe was Annie Horton, class of 1918, University Hospital, Augusta, Ga.

In November, a son, to Mr. and Mrs. Harry Chance. Mrs. Chance was Annie Lee Woodward, class of 1918, University Hospital, Augusta, Ga.

In October, a daughter, to Dr. and Mrs. Harris Mathis of Colliers, S. C. Mrs. Mathis was Genevieve Sanderson, a graduate of Johns Hopkins Hospital, and for several years in charge of the obstetrical floor in University Hospital, Augusta, Ga.

On October 3, a son, Edward James, to Mr. and Mrs. James T. McGarry, of Victor, Ia. Mrs. McGarry was Dorothy Pfeiffer, class of 1916, Mercy Hospital, Cedar Rapids, Ia.

#### MARRIAGES

On November 7, in New York City, Jeanette Katherine Sweeny, class of 1920, French Hospital, New York, to Frank Meier. Mr. and Mrs. Meier will live in New York.

On November 29, in Chicago, Ill., Lucy Crompton, graduate of St. Luke's Training School, to Joshua Bishop Ashley. Mr. and Mrs. Ashley will live in Nantucket, Mass.

On December 2, Goldie Birch, graduate of Good Samaritan Hospital, Lexington, Ky., to Ray Flynn. Mr. and Mrs. Flynn will live in Oklahoma.

On September 25, in Providence, R. I., Clara A. Cedor, class of 1917, Litchfield County Hospital, Winsted, Conn., to Joseph D. Marshall. Mr. and Mrs. Marshall will live in Providence.

On November 10, Frieda Gros, class of 1918, St. Joseph's Hospital, Alton, Ill., to Frank Girard. Mr. and Mrs. Girard will live in Alton.

On November 28, Ava Whiteman, class of 1910, Indianapolis City Hospital, Indianapolis, to Carl Rahke. Mr. and Mrs. Rahke will live near Indianapolis.

On November 4, Nellie Cunningham, class of 1920, Indianapolis City Hospital, to Marion Dixon. Mr. and Mrs. Dixon will live in Indianapolis.

On August 28, in Chicago, Bessie F. Brooker, class of 1919, Grant Hospital, Chicago, to Charles A. Burt. Mr. and Mrs. Burt will live in Chicago.

On November 10, in Dolton, Ill., Mary Dobson, class of 1916, Grant Hospital, Chicago, to Travis D. Dairn. Mr. and Mrs. Dairn will live in Dolton.

On October 27, at Saranac Lake, N. Y., Grace E. Bassett, class of 1918, Physicians' Hospital, Plattsburgh, N. Y., to Leland G. Dassance. Mr. and Mrs. Dassance will live at Saranac Lake.

On October 5, in Philadelphia, Pa., Florence M. King, class of 1908, Germantown Dispensary and Hospital, to Willis A. Van Auken of Halstead, Pa.

On October 7, in Chicago, Ill., Babbette Strohmeier, class of 1910, St. Luke's Training School, Chicago, to Theodore Philip Jennings.

On December 6, in Batavia, N. Y., Olive Wentworth, class of 1918, Rochester General Hospital, Rochester, N. Y., to Frank Slater, M.D. Dr. and Mrs. Slater will live in Rochester.

Recently, Vera B. Herbison, class of 1919, Rochester General Hospital, Rochester, N. Y., to Eugene F. Smith. Mr. and Mrs. Smith will live in Buffalo.

On November 2, Gertrude Moffatt, class of 1913, Methodist Episcopal Hospital, Brooklyn, N. Y., to George Purrick. Mr. and Mrs. Purrick will live in Smithtown, L. I.

On October 30, Mabel Mary J. Morrison, class of 1920, Methodist Episcopal Hospital, Brooklyn, N. Y., to Walter W. Propst, M.D. Dr. and Mrs. Propst will live in Archbold, Pa.

On November 30, Sallie J. Park, graduate of Christ Hospital, Jersey City, N. J., to Mr. Blanchard. Mr. and Mrs. Blanchard will live in Newark, N. J.

In September, at Buffalo, N. Y., Pauline M. Tweeddale, class of 1911, Warren Hospital, Warren, Ohio, to Edward S. Tweeddale. Mr. and Mrs. Tweeddale will live in Cleveland, Ohio.

On October 12, Charlotte Holloway, class of 1919, Salem Hospital, Salem, Ohio, to Fred Houck, Alliance, O. Mr. and Mrs. Houck will live in Alliance, O.

On October 20, Ruth Moore, class of 1920, Salem Hospital, Salem, Ohio, to John Sebring. Mr. and Mrs. Sebring will live in Van Port, Pa.

On November 10, in Warren, Ohio, Viva I. Thompson, class of 1914, Warren Hospital, to Clayton I. Seward. Mr. and Mrs. Seward will live in Ravenna, Ohio.

Recently, in Memphis, Tenn., Seward Sims, class of 1909, Presbyterian Hospital, to Henry Hood. Mr. and Mrs. Hood will live in Forest City, Ark.

Recently, in Memphis, Tenn., Carnelia Jarman, class of 1912, Johnson's Sanitarium, Yazoo City, Miss., to W. F. Wingfield. Mr. and Mrs. Wingfield will live in Shell Mound, Miss.

Recently, in Memphis, Tenn., Grace Harvey, class of 1917, Lucy Brinkley Hospital, Memphis, to John Griffin. Mr. and Mrs. Griffin will live in Memphis.

On November 25, in Memphis, Tenn., Ida Davis, class of 1906 Memphis General Hospital, to W. A. Weeks. Mr. and Mrs. Weeks will live in Memphis.

Recently, in Memphis, Tenn., May Ivie, class of 1919, Lucy Brinkley Hospital, Memphis, to L. M. Tynan. Mr. and Mrs. Tynan will live in New York City.

Recently, in Memphis, Tenn., Mrs. Eddie Reaves Gregory, class of 1913,

Memphis General Hospital, to William Vernon Olson. Mr. and Mrs. Olson will live in Memphis.

On November 26, Grace Kelly, class of 1920, Mercy Hospital Training School, Pittsburgh, Pa., to Francis Burkhardt of Braddock, Pa.

On November 26, Catherine McCarthy, class of 1909, Mercy Hospital Training School, Pittsburgh, Pa., to Bartholomew Foley of New York City.

On October 27, in Emmetsburg, Maryland, Edith Mary Rainey, class of 1915, Stuart Circle Hospital, Richmond, Va., to Harrison G. Mahoney. Mr. and Mrs. Mahoney will live in East Lansdowne, Pa.

On November 24, at Charlotte, N. C., Helen Marr Barnhardt, class of 1919, Stuart Circle Hospital, Richmond, Va., to John McKinley Black. Mr. and Mrs. Black will live in Greenville, S. C.

On November 9, in Drifton, Pa., Elizabeth Ellen Eckert, class of 1915, Hospital of the University of Pennsylvania, Philadelphia, Pa., to Henry Sage Ostrander.

On October 27, Mary Johnston, class of 1903, Illinois Training School for Nurses, Chicago, to Winsor Chase. Mr. and Mrs. Chase will live in Evanston, Ill.

On November 23, in Charleston, S. C., Mary Elizabeth McInness, graduate of Roper Hospital, Charleston, to Emlen Wood, M.D. Miss McInness served at a Naval Base Hospital during the war and since her discharge she has acted as a public health nurse.

On November 24, in Fort Worth, Texas, Fredelia Dixon, to George M. Tinslar, M.D. Miss Dixon was Chief Nurse of Base Hospital, Camp Bowie, Ft. Worth, Texas, during the war, and has since been in charge of the Welfare Association of Ft. Worth.

On November 15, Mae Tenniery, graduate of St. Anthony's Hospital, Oklahoma City, to Frank McGregory, M.D. Dr. and Mrs. McGregory will live in Mangum, Okla.

Recently, Marie Rogers, class of 1913, Massachusetts State Infirmary, Tewksbury, Mass., to Howard Cook.

Recently, Agnes Roche, class of 1920, Massachusetts State Infirmary, Tewksbury, Mass., to Mr. Rockwell. Mr. and Mrs. Rockwell will live in Norton Heights, Conn.

Recently, Ethel Kaplan, class of 1917, Mt. Sinai Hospital, Philadelphia, to Louis Zucker. Mr. and Mrs. Zucker will live in Madison, Wis.

Recently, Elizabeth Brennan, class of 1915, Mt. Sinai Hospital, Philadelphia, to Charles Barr. Mr. and Mrs. Barr will live in Philadelphia.

Recently, Mary Canton, class of 1920, Mt. Sinai Hospital, Philadelphia, to Benjamin Rabinowitz. Mr. and Mrs. Rabinowitz will live in Philadelphia.

Recently, Millie Reglia, class of 1919, Mt. Sinai Hospital, Philadelphia, to John DeLuca. Mr. and Mrs. DeLuca will live in Philadelphia.

#### DEATHS

On November 22, in Memphis, Tennessee, Lula Graham, pupil nurse, Presbyterian Hospital, Memphis. Miss Graham died of streptococcus infection.

Recently, Margaret Sheehan, of New Britain, Conn., class of 1916, St. Francis Training School, Hartford, Conn.

On September 23, Elizabeth Ward, member of the alumnae and a graduate of Mercy Hospital Training School, Pittsburgh, Pa., class of 1918, in Kansas City, while en route to her home in Oil City, Pa., following an illness of two years.



On November 13, in Reading, Pa., Gertrude Harriet Lauman, class of 1893, Presbyterian Hospital, Philadelphia, Pa., after an illness of three years with endocarditis.

On November 2, at Hood River, Ore., Ezma R. Jones, class of 1887, Rochester General Hospital, Rochester, N. Y. Miss Jones was struck by an automobile while walking at the side of the road and was killed instantly. For a time following her graduation she was acting superintendent of the Training School of the Rochester General Hospital. In her work as a private duty nurse she was untiring in her devotion to her patients, many of whom were among her lasting friends, and she was held in high esteem in Hood River, where she spent her last years. Her many friends are exceedingly sorrowful over her tragic and untimely death.

Recently, in Columbia, S. C., following an operation, Annette Olive Benson, who for the past eleven years has conducted the graduate nurses' registry of Columbia. Miss Benson has been in poor health for the past three years. She was born in Sweden and came to the United States when she was sixteen years of age, making her home in Rochester, N. Y., where she received her nurse's training. She worked among the negroes of South Carolina for some time and later was connected with the Columbia Hospital. From 1905-1909 she did private duty nursing and in 1909, she established the nurses' registry in Columbia. In the death of Miss Benson the nursing profession has lost a loyal and devoted friend. She was a charter member of the South Carolina Graduate Nurses' Association and served for several years on the board of directors of the organization, having been reelected as one of the counselors at the last meeting. Few women have lived more unselfish lives.

On December 10, suddenly, while on duty, Carrie J. Brink, General Superintendent of Training Schools of Bellevue and Allied Hospitals. From the hour of her untimely death, Miss Brink was attended continuously day and night by an honor guard of uniformed nurses. The funeral services were held in the Nurses' Residence, and burial was at Binghamton, N. Y. Miss Brink was for twenty-seven years superintendent of nurses at Bellevue Hospital. She was a thorough disciplinarian, with a great and loving heart, an arbiter of justice and fairness at all times, and so deeply did she impress her ideals and high standards upon her pupils, that they live forever in the hearts of her graduates in whatever corner of the globe they may be stationed. Her sudden death is a loss from which it will be hard to recover. Miss Brink was born in Binghamton, N. Y., in 1869. She entered Bellevue Hospital as a pupil nurse in 1891, and became superintendent of nurses shortly after her graduation in 1893. At the time of her death she held the highest position possible to hold with the Training School. "Her death is like taking away from Bellevue its soul," was the tribute of Dr. Michael J. Thornton, Resident Psychopathic Physician. Dr. George O'Hanlon, General Medical Superintendent, in speaking of Miss Brink, said: "No tribute that tongue can utter, that pen can write, that artist can depict, that music can express, would be too good for her." "She is the Florence Nightingale of Bellevue," said Dr. Hill. From a patient comes a telegram of tribute in which he said: "In that gentle lady in white, who wore the white cap with the velvet band,—the crown Queens of Mercy wear,—the unfortunate in health of this city lost a nurse who was the embodiment of gentleness, mercy and compassion, and Heaven gained an angel." The Board of Managers of the Training School, at a special meeting, recorded their sorrow at her loss and spoke of her undeviating loyalty and passionate devotion to the patient, her example and inspiration to pupils and

supervising nurses. She had been warned of her need of rest, but, "faithful to her ideals of duty, passed into the Eternal Presence while pursuing her daily task." The Board of Directors of the Bellevue Alumnae Association at a special meeting gave tribute to her "untiring energy and devoted service," but she "still held herself ready to extend friendship and encouragement to her sister nurses. In spite of the many cares and problems \* \* \* she always had time to devote to the members of the Alumnae, and those who approached her, did so with a feeling of love and confidence."

#### TRIBUTES TO THE MEMORY OF SOPHIA F. PALMER

From the Board of Trustees of the South Carolina State Nurses' Association:

"We like to think of Miss Palmer as we saw her last, on the occasion of her visit to the South. Her presence at the meeting of our State Association was characterized by a genial cordiality, no less charming than her dignified, intellectual personality,—for she radiated a beautiful blend of woman, as leader, teacher, friend, and companion. Many of us met her then for the first time, yet we all remember her lovingly and regret that in her passing we may not welcome her again to our midst.

"We realize that the nursing profession has sustained a great loss, throughout our country. We hope that Miss Palmer's influence and example may continue guiding us ever onward to the goal toward which she was striving,—and won."

## BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

**THE AMERICAN RED CROSS IN THE GREAT WAR.** By Henry P. Davidson. The Macmillan Company, New York. Price, \$2.00.

There have been many books published during and especially since the end of the World War, on that war and the different activities fostered and upheld by that gigantic struggle. No phase of war work was so far reaching or so universally supported as the work of the Red Cross, so we warmly welcome this volume, of something less than 300 pages, in which Mr. Davidson—Chairman of the War Council of the American Red Cross—has recorded in marvellously concise and clear cut phrasing the stupendous work of this splendid organization. Every one interested in Red Cross work (and there were over 30,000,000 enrolled at the close of the war) will find a wealth of information here, all told in a simple, matter-of-fact way that appeals to serious minds after so much hectic and extravagant writing. The few pages devoted to "the story in figures" represent the unlimited scope and character of the work as perhaps words could not do. The brief statement of the formation, on May 5th, 1919, of the League of Red Cross Societies, with headquarters in Geneva, shows a continued activity. The League is pledged to promote the welfare of mankind by improvement of health, prevention of disease, and mitigation of suffering throughout the world. This paints for us a wonderful vision of the future of the peace time activities of this life giving company of workers.

**A POCKET MEDICAL DICTIONARY.** By George M. Gould, A.M., M.D. Eighth Edition, revised. P. Blakiston's Son & Company, Philadelphia. Price in flexible binding, \$2.00; with thumb index, \$2.50.

This eighth revision of Gould's Pocket Pronouncing Medical Dictionary adds many new words and includes the well known and useful tables of Muscles, Nerves, etc., and a new dose list of drugs. The book is slightly thicker, but still of a convenient size. There are 40,000 words in the present edition.

**MESSAGE, ITS PRINCIPLES AND PRACTICE.** By James B. Mennell, M.A., M.D. With an Introduction by Sir Robert Jones, K.B.E., C.B. Second Edition. Illustrated. P. Blakiston's Son & Co., Philadelphia. Price, \$6.00.

A book written during the war by Dr. Mennell of London to develop a closer relation between the medical man and his masseur,

that the one may understand and the other intelligently give the instruction for the special manipulation and exercises made necessary by the peculiar injuries and deformities received on the field of battle.

**HELPING THE RICH—A PLAY IN FOUR ACTS.** By James Bay. Brentano's, New York.

We are off the beaten path where we have a play to review. It enters these columns probably because it stages a hospital dispensary with nurses, doctors and patients for one of the acts, and altogether lashes philanthropy as applied to men of wealth giving largely to hospitals and other institutions. The theme of this satire is based upon the idea that philanthropy is but a good business investment;—and that instead of helping the ones we call "poor," it only increases pauperism. The play centers around a Hospital Board and staff or the heads of these departments—and a writer who exposes the schemes to advance position and popularity. There is a bit of a love story to offset the shock of disillusionment. According to one's point of view it will amuse or it will antagonize. There are four short acts, simply staged, eight or ten principal characters, and several who have only a few lines to speak.

**THE SOCIAL CASE HISTORY. ITS CONSTRUCTION AND CONTENT.** By Ada Elliot Sheffield. Published by the Russell Sage Foundation, New York. Price, \$1.00.

Another book of the Social Work Series and, as in the case of those already published, this one is also written by an expert in this special branch of Social Work. The author has clearly described not only the method of making a case history, but she stresses the need of a sympathetic as well as an analytic understanding of the case. The present record keeping of social workers is analyzed in detail with illustrations of both good and bad histories. It is a book most necessary to those undertaking this work and will prevent errors and save the time of the inexperienced worker.

**PRACTICAL MASSAGE AND CORRECTIVE EXERCISES WITH APPLIED ANATOMY.** By Hartvig Nissen. F. A. Davis Company, Philadelphia. Price, \$2.00.

This is the 4th edition of Professor Nissen's book giving practical instruction in massage. The author has had wide experience in teaching and in this edition gives the result of forty-five years of work. In these lessons massage proper is considered together with such gymnastics as are necessary in order to give the greatest benefit to the patient. For the thorough understanding of these movements there is included "The Most Essential Applied Anatomy."